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**Wednesday, Sept 15, 1999**

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**INTRODUCTORY LECTURE****PL 01****ENVIRONMENTAL INFLUENCES ON CHILD  
PSYCHOPATHOLOGY - SOME CHALLENGES  
AND SOME SOLUTIONS****001****1****ENVIRONMENTAL INFLUENCES ON CHILD PSYCHO-  
PATHOLOGY: SOME CHALLENGES AND SOME  
SOLUTIONS***M. Rutter**The Maudsley Institute of Psychiatry, Social, Genetic and  
Developmental Psychiatry Research Centre, De Crespigny Park,  
Denmark Hill, London SE5 8AF*

It has long been obvious that serious psychosocial adversities are associated with an increased risk of many forms of child psychopathology. Indeed, this finding constituted the underpinning of the Mental Hygiene movement in the early years of this century. However, the prevailing assumption that the statistical associations reflected environmentally mediated influences has come increasingly under challenge in recent years. This derives from the evidence that part of the associations reflect children's effects on parents, rather than the other way round, and that some of the parental effects represent genetic, rather than environmental, transmission. After a brief review of the validity of these challenges, the paper will consider the evidence that there are substantial environmental influences on child/adolescent psychopathology. More detailed attention will thus be paid to the research strategies that may be employed to test hypotheses on environmentally-mediated risks from specific psychosocial circumstances. The findings from research using such strategies will be used to draw some overall conclusions on environmental effects and their implications for clinical practice. The paper will conclude with a look ahead to the challenges that remain and suggest some research steps that are needed.

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**Thursday, Sept 16, 1999**

**STATE OF THE ART LECTURES**

SL 01- SL 02

002 - 003

**NEW RESULTS IN CHILD PSYCHIATRIC EPIDEMIOLOGY****Frank C. Verhulst**

Erasmus University Rotterdam/Academic Hospital Rotterdam

It has been nearly 40 years since the first true epidemiological study was carried out. Since then, descriptive epidemiological studies have provided a wealth of data concerning issues that are the core of child/adolescent psychiatry, including: prevalence; continuity and change; historical trends; help seeking behavior; and assessment and diagnostic issues. Also etiological epidemiological studies such as genetic epidemiological studies, high risk studies, and studies concerning the influence of environmental and biological factors have been carried out. The main results of these studies will be the subject of this presentation with examples of our own research. From these results it can be concluded that epidemiology: (1) has stimulated the development of standardized assessment instruments that are now widely used both in clinical practice and in research; (2) has provided data that serve as important parameters for policy makers to decide on priorities; (3) has elucidated the role of a number of etiological factors; (4) has provided methodologies that serve as important standards for clinical research (including intervention and prevention research) and mental health services research. A number of future developments in epidemiology will be discussed, such as the use of epidemiological results in clinical practice, genetic epidemiology, longitudinal studies, and assessment and diagnostic issues.

**MOTHERING****3***Ian Brockington**Dept. of Psychiatry, University of Birmingham, UK*

This lecture summarizes clinical studies of disordered mothering, conducted during the last 25 years.

The history goes back to the precocious insights of the *médecin légiste*, Tardieu, in 1860. He recognized all forms of child abuse, except Munchhausen's-by-proxy. The term *misopédie* was coined. Apart from occasional French *thèses* and German inaugural dissertations (eg. those of Suberg and Dömer in 1936), this discovery was buried for 100 years, until child abuse was again forced on the medical profession by observations in pathology and paediatric radiology. Parallel to the abusive theme, there was a gradual realization that some mothers hated and rejected their children. Again the word *misopédie* was used – by Oppenheim in 1919. Evidence for the importance of the mother-infant relationship was coming in from various sources – from animal experiments, psychoanalysis, the 'rooming-in movement' and ethological studies. Experiments like those of Peiper (1924) and Bühler (1927) showed that the newborn infant was competent to participate in an interaction with its mother. The study of mother-infant interaction has now become sophisticated, with structured home observations and split-screen videotapes.

**2**

My own contribution is clinical. In 1975 I became interested in puerperal psychosis, initially as an object of nosological curiosity. I rapidly became aware that there were a large number of distinct postpartum psychiatric disorders – childbirth is the most complex of all psychological triggers. In Manchester, we encountered a mother who rejected her infant and resisted all treatment for 3 years, until a clinical psychologist, Eileen Brierley, demonstrated the power of play therapy with participant modeling, achieving a complete cure in a few sessions. Since then I have treated at least 100 mothers with various forms and degrees of mother-infant relationship (bonding) disorders. This is one of the commonest, most severe and most treatable of puerperal mental disorders: its diagnosis and management is the most specific skill acquired by those practising in this area, and one of the main reasons for developing a peripartum specialism.

We now recognize two vectors of bonding psychopathology

- The absence of maternal response, grading into hostility and rejection
- Pathological anger, grading into abuse.

We have proposed a treatment approach:

- Decide whether to treat or to relinquish the infant
- If (as usually) the mother wishes to overcome the problem, treat depression; this may be sufficient, but often not
- Do not separate mother & infant, but focus on the interaction
- If there is a risk of abuse, never leave them alone
- Spare her all irksome duties, especially dealing with a fractious infant
- When both are calm, foster the interaction, using various techniques, especially participant play therapy

This is almost always successful. It can be conducted at home, given sufficient family support. A day hospital is an asset, and conjoint hospitalization sometimes necessary.

To improve diagnosis, we have developed two schedules - the Birmingham Interview for Maternal Mental Health (which has a section devoted to the mother-infant relationship), and the Postpartum Bonding Questionnaire.



**PLENARY LECTURE**

PL 02

**ASPERGER SYNDROME AND RELATED  
DISORDERS**

004

**SYMPOSIUM**

SY01

**NEW DEVELOPMENTS IN CHILD AND  
ADOLESCENT PSYCHOPHARMACOLOGY**

005 - 009

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**ASPERGER SYNDROME AND RELATED DISORDERS**

*Christopher Gillberg, Professor of Child and Adolescent Psychiatry, Sahlgren University Hospital, S-413 45 Göteborg, SWEDEN.*

Schizoid personality disorder in children was first described almost 75 years ago, but its present-day synonym, Asperger syndrome, has not been in widespread use until the last decade. Asperger syndrome, closely related to classic autism, also referred to as Kanner syndrome, is one of a handful of named disorders in the autism spectrum. Its prevalence appears to be several times that of Kanner syndrome, even though precise population rates are strongly influenced by the set of diagnostic criteria used. Recent studies suggest that ICD-10 and DSM-IV criteria for the disorder are problematic in many ways. The pathogenesis of Asperger syndrome has not been satisfactorily explored, but it is widely believed that genetic factors are of crucial importance in many cases. Prefrontal and right hemisphere brain dysfunctions have been implicated in neuropsychological and neuroimaging studies. The overlap of Asperger syndrome with other neuropsychiatric disorders, notably ADHD, DAMP, Tourette syndrome and OCD, is considerable. Outcome studies have been few in number and their representativeness are in doubt. Intervention strategies are beginning to be outlined, but, so far, little is known about their effectiveness.

**PSYCHOPHARMACOLOGICAL TREATMENTS IN CHILD  
AND ADOLESCENT PSYCHIATRY: RECENT ADVANCES  
AND FUTURE PERSPECTIVES**

*S. Kutcher  
Department of Psychiatry, Health Sciences Centre, Halifax,  
Canada*

The psychopharmacologic treatment of psychiatric disorders in children and adolescents has seen rapid development in the last decade. In some cases, the clinical application of these treatments had outstripped the scientific literature available to confirm their efficacy, tolerability or safety. The clinical paradigm that supports their use has also concurrently undergone rapid change – progressing from a theory based and theory driven to a theory based and experimentally driven model. These changes have lead to a revolution in our understanding of the pathoetiology and treatment of the mental disorders of children and teenagers. In the new millenium, these changes will accelerate and will be further informed by advances in developmental neurobiology. Child and adolescent psychiatry will need to both embrace these new advances and at the same time maintain its caring and holistic perspectives while continually advocating for all interventions that benefit patients and their families.

## New Antidepressants in Child and Adolescent Psychiatry

John T. Walkup, M.D.  
Division of Child and Adolescent Psychiatry  
Johns Hopkins Medical Institutions

The selective serotonin reuptake inhibitors (SSRIs) are a powerful class of medications that have a broad range of clinical applicability. In adults the SSRIs are effective in major depression, obsessive compulsive disorder and other anxiety disorder but also provide symptomatic relief for some people with anger control problems, pain syndromes and depressive complications of other serious psychiatric disorders such as schizophrenia. In children much less research has been completed, but it is likely that the SSRIs will have the broad applicability that is seen in adults. In addition, there are a number of newer antidepressants that either have no serotonergic activity or combine serotonergic/dopaminergic or serotonergic/noradrenergic activity/ This presentation will review the controlled trials of the new antidepressants that are completed and currently in progress in children and adolescents. In addition, the presentation will address how the differences among the SSRIs impact on the use of the SSRIs in children and adolescents.

## THE USE OF STIMULANTS IN CHILD AND ADOLESCENT PSYCHIATRY

J.K. Buitelaar, Department of Child and Adolescent Psychiatry, University Medical Center Utrecht, Utrecht, Netherlands

**Objective:** The prescription of psychostimulants is the most frequently used modality of treatment for children with attention-deficit hyperactivity disorder (ADHD). A series of questions remain, however, concerning the prediction of medication response, the long-term effects of stimulants, and the use of stimulants for a broader range of indications, such as primary aggressive disorders, tic disorders with comorbid ADHD, pervasive developmental disorders and for a broader age range, such as in preschoolers and in adults.

**Method:** The questions raised will be addressed using results of recently published and unpublished studies.

**Results:** The power to predict the medication response on the basis of behavioral and clinical measures is limited (Buitelaar et al., 1995; Denney and Rapport, 1999). Clinical efficacy and safety remain satisfactory during continuation of treatment for a period of 4 months-2 year (Gillberg et al. 1997; Schachar et al., 1997; Gadow et al., 1999). Stimulants appear to be effective in children primarily selected because of aggressive behavior (Klein et al., 1997). The effects on aggression are more or less independent of the effects on the core symptoms of ADHD. Work by Gadow et al. (1995,1999) and Castellanos et al. (1997) shows that stimulants do not aggravate tics in most children with mild or moderate tics, when given for the treatment of comorbid ADHD. Stimulants should be used in subjects with PDD and in preschoolers only in the framework of careful clinical monitoring and following a balanced consideration of alternative treatment options.

## 6 ATYPICAL NEUROLEPTICS IN CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY 8

H. Remschmidt<sup>1</sup>, E. Schulz<sup>2</sup>

<sup>1</sup> Department of Child and Adolescent Psychiatry, Philipps-University of Marburg, D-35033 Marburg, Germany

<sup>2</sup> Department of Child and Adolescent Psychiatry, Albert-Ludwigs-University of Freiburg, D-79104 Freiburg, Germany

**Objective:** Atypical neuroleptics (AN) are a group of chemically different compounds that are characterized by the following properties, which distinguish them from classical neuroleptics: (1) a different receptor binding profile than classical neuroleptics (2) a low rate of extrapyramidal side-effects (3) efficacy also with regard to negative symptoms and (4) absence of hyperprolactinemia and a low rate of other adverse effects. This paper gives a review on the three most widely used atypical neuroleptics in child psychiatry: Clozapine, Olanzapine and Risperidone.

**Methods:** A review of the literature was combined with the description of the results of own studies including mainly Clozapine and Olanzapine, taking into account psychopathological measures as well as blood levels.

**Results:** AN meanwhile belong to the spectrum of psychopharmacological agents used in child and adolescent psychiatry. Their main indications are acute schizophrenic episodes and therapy-refractory schizophrenic psychoses. For other indications (e.g. affective disorders, manic states, autism, mental retardation) there is less evidence at this time. In spite of their possible adverse effects (e.g. danger of granulocytopenia or agranulocytosis with Clozapine, weight gain with Clozapine and Olanzapine) atypical neuroleptics have enriched our therapeutic options remarkably.

**Conclusions:** Further studies in young patients are necessary in order to extend their appropriate use and possibly also enlarge their indications.

## TREATMENT OF CHILDREN AND ADOLESCENTS WITH OLANZAPINE - A REVIEW

R.W. Dittmann<sup>1,2</sup>, J. Czekalla<sup>2</sup>, H.P. Hundemer<sup>2</sup>

<sup>1</sup> Psychosomatic Dep., Children's Hospital, University of Hamburg

<sup>2</sup> Medical Dep., CNS Div., Lilly Deutschland GmbH, Saalburgstr. 153, D-61350 Bad Homburg, Germany

Olanzapine is a new antipsychotic compound with multiple receptor affinity, D<sub>2</sub>- and 5-HT<sub>2</sub>- in particular. Efficacy and safety, e.g., a low EPS rate, had been established prior to regulatory approval (FDA, EMEA, 1996). Thus, the compound has increasingly been used for children and adolescents after market launch, although not indicated for this age group.

This presentation will review the published literature on the use of olanzapine in young patients with different disorders (e.g., psychosis, autism). Available findings from recent oral and poster presentations will be discussed as well (e.g., van Engeland et al., 1998; Schulz et al., 1999). In addition, results from a comprehensive retrospective chart review (N = 24; Junghans, Dittmann, 1999) will be summarized. The design of an ongoing open multicenter trial in Germany with olanzapine in young schizophrenic pats. (≥ 12 y.; N ≥ 100) will also be presented.

Based on the currently available evidence, the review will finally provide a summary and careful assessment of olanzapine's efficacy and safety profile in children and adolescents.

**SYMPOSIUM**

SY02

**THE FUTURE OF CHILD AND ADOLESCENT  
PSYCHIATRY**

010 - 013

**THE FUTURE OF CHILD AND ADOLESCENT PSYCHIATRY***P.H. Graham**St. Alban's Road, London NW5 1RG, U.K.*

Child and adolescent psychiatry is now acknowledged as a medical speciality or subspecialty in most of the European countries and in many other countries in the world. However, the role of child and adolescent psychiatrists within the network of mental health professionals is quite different. There are also discussions about the boundaries of the field of child and adolescent psychiatry and with regard to quality assurance and to effectiveness and efficiency of treatment methods used. Due to these discussions, the question about the future of child and adolescent psychiatry seems to be justified. The three papers included in this symposium will focus on different aspects of the theme and will hopefully describe ways into a good future of child psychiatry as a necessary medical discipline which has to offer effective and economical treatments and appropriate help to troubled children and families.

**IS CHILD PSYCHIATRY USELESS OR WORSE?  
SOME WAYS WE COULD LEARN FROM PAST AND  
CURRENT MISTAKES.****11***Robert Goodman,  
Institute of Psychiatry, London***Background**

- 1) Are child psychiatric treatments beneficial? Several answers are defensible. On the one hand, good clinical trials have shown that some specific treatments are effective for particular disorders. On the other hand, there is persuasive evidence that the sorts of treatments delivered in everyday practice are often ineffective. Even worse, there is convincing evidence that "common sense" psychological treatments can sometimes do harm
- 2) Does one size fit all? Some clinics still provide a single type of therapy for all the children and families they see, e.g. just family therapy, just psychodynamic therapy, or just pharmacotherapy. Specialisation in medicine is fine (e.g. between oncologists, radiotherapists and surgeons) provided each patient is directed to the most appropriate treatment modality. In practice, this often fails to happen in child psychiatry, with all children in a particular area being offered a restricted choice.
- 3) Is help widely enough available? Many studies in Europe and North America have shown that the great majority of children with treatable child psychiatric disorders do not get referred to specialist child mental health professionals. The children who do get referred are not necessarily the most severely affected. The failure to refer treatable children reflects many factors, including a lack of awareness – among parents, teachers and many health professionals – about which problems can be helped. Child psychiatrists often do little to raise awareness and increase referrals since they are already struggling to cope with their workload.

**10****Interpretation**

- 1) It is arguably a form of child abuse to offer useless or harmful therapies when effective treatments are available – this wastes children's time and deprives them of opportunities to improve. It also wastes money that could be used more profitably. We cannot rely on our intuitions to tell us which children we are helping since we have cognitive and emotional defences that protect us from seeing the harm we do. For the sake of the children we are supposed to serve, we have a duty to evaluate our work objectively and learn from our mistakes.
- 2) Our preferences for carrying out one sort of therapy or another can justifiably guide our career choice but should not alter which therapy a child is offered.
- 3) If we stop using ineffective or harmful therapies and spend our time delivering the most effective and cost-effective therapies, we will be able to offer these therapies to a greater number of children. If we can demonstrate that our service is effective and economical, then we are in a strong position to bid for extra funds to expand our service if necessary.

**IS THERE A FUTURE FOR CHILD AND ADOLESCENT PSYCHIATRY AS A SPECIALTY ?****12***P. Jeammet**Institut Mutualiste Montsouris, Paris*

Child and adolescent psychiatry has founded its relatively new specificity with developmental psychology and psychopathology. The recent evolution of psychiatry through a new emphasis on the importance of genetic and biological components has changed the perspectives.

The methodology of these approaches are more or less the same than for adult psychiatry.

At the same time, changes in culture and social environment have shown the importance of these parameters in the expression of psychic disorders specially during adolescence with personality and conduct disorders.

If we add the decreasing number of students in medicine and mainly of specialists we can consider that child and adolescent care will be practiced by psychologists, social workers and perhaps some categories teachers with the help of a few psychiatrists for assessment and drug prescriptions.

This evolution can be changed if we can show the fundamental importance of the quality of interaction between the child and his environment even on the organisation of brain functioning. It means that the biological and developmental perspectives can't be splitted.

**SYMPOSIUM****SY03****EVALUATING EMPIRICALLY BASED PSYCHOTHERAPY RESEARCH****014 - 020****13****14****NEITHER GLORIOUS NOR BLEAK: THE CONTINUOUS STRUGGLE FOR IDENTITY AND THE CHALLENGE OF CHANGE***J. Martinius**Institute for Child and Adolescent Psychiatry, Nußbaumstr. 7, D-80336 München*

Viewing the future is not looking into the crystal ball. Instead, the forces which have determined the development of our discipline and effect its present state need to be named. From there an attempt can be made to extrapolate on the lines along which future development is probable to occur. A fact of major importance is the past and lasting struggle for identity, being the result of new insights based on scientific discoveries as well as of competitive pressures of neighbouring fields. The shift towards biological thinking shall continue. Concomitantly, we shall have to increasingly share our clinical work and research with others, demanding ever new role definitions. This change is a permanent process forming a challenge to our innovative and adaptive capacities.

**Evaluating empirically based psychotherapy research***Chatoor I., Poustka F., Hibbs E., Schmeck K., Döpfner M., Breuer B., Lay B., Schmidt M.H., Blanz B.*

**Objective:** Evaluation of psychotherapy in child & adolescent psychiatry is a essential part of quality control in this field. The available data are far from being established especially in the interplay of developmental psychopathology and selective psychotherapeutic intervention.

**Method:** Various disorders from infantile anorexia to externalizing behaviour will be considered to serve as examples for evaluation of treatment programs.

**Results:** Various variables are essential for empirically supported interventions ranging from the therapists competence to the evaluation of specific symptoms and personal traits and to the overall setting.

**Discussion:** Guidelines and practice parameters for treatment programs and the training in various fields as methods of evaluation, careful recognition of psychopathology and special indications of psychotherapy are inspected and will be discussed.

**Non-Specific Factors in Treatment Outcome: Treatment Competence and Therapeutic Alliance***Irene Chatoor,*

Children's National Medical Center, Washington, D.C. USA

**Objective:** This presentation will point to the significance of assessing the treatment competence of the therapist and the therapeutic alliance between the therapist and the patient in psychotherapy studies.

**Method:** A review of the literature points out that up to 30% of variance in treatment outcome can be accounted for by the therapeutic alliance, and that differences in therapist competence can contribute to major differences in treatment outcome. This presentation will outline the methodology of videotaping the therapy sessions, measuring therapist competence and therapeutic alliance from the videotapes, and using this information for ongoing supervision of the therapist in order to control for these non-specific factors in a psychotherapeutic treatment study of infantile anorexia.

**Results:** Preliminary findings will be presented and the difficulties of measuring the nonspecific factors in treatment outcome will be discussed.

**15 Criteria for the evaluation of therapeutic approaches to aggressive conduct disorder***K. Schmeck & F. Poustka*

Child &amp; Adolescent Psychiatric Department, J.W. Goethe University Frankfurt/M., Germany

**Objective:** Treatment programs with emphasis on interactional modification are mostly not including the variation of comorbid psychopathological traits in aggression as impulsivity, anxiety, and withdrawal and underlying variables as temperament and psychophysiological reactivity.

**Method:** Treatment programs for aggressive conduct disorder, outcome and criteria of evaluation of both psychopathology and other individual features are reviewed.

**Results:** Etiology of aggressive conduct disorder is multifactorial. Thus, the different strategies of therapeutic approaches to the treatment of severe aggressive behaviour disorders should employ more complex models. Current treatment programs show serious setbacks in not including different subtypes of aggressive behavior (i.e. impulsive-aggression vs. instrumental aggression, comorbidity of aggression). In evaluation strategies different sources of information (individual, parent, teachers, staff) have to be considered to assess both individual and interactional variables.

**Conclusion:** Evaluation of therapeutic approaches to aggressive conduct disorder is a demanding task that is far too much neglected up to now.

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**Criteria of Evaluating the Efficacy of Psychotherapy Research in Child and Adolescent Disorders.***Euthymia D. Hibbs,*

National Institute of Mental Health, Rockville, MD, USA

**Objective:** This presentation will discuss the criteria used for evaluating psychotherapeutic interventions for children and adolescents that may be considered efficacious.

**Method:** It will provide an overview of the history and methodology for identifying and defining empirically supported interventions for children with specific mental disorders. It will examine the design issues such as sample selection, intake and outcome assessment measures and treatment implementation that may contribute to efficacious treatment outcomes.

**Results:** The evaluation of the role of treatment outcome research can be generalized to real world interventions as well as its clinical utility. Both evaluation and the generalizability to interventions will be discussed.

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**PREDICTORS OF OUTCOME IN A MULTIMODAL TREATMENT OF HYPERKINETIC DISORDERS**

G. Lehmkuhl, D. Breuer, M. Döpfner

Dept. of Child &amp; Adolescent Psychiatry, University of Cologne

**Objective:** A multimodal training for hyperkinetic disorders was evaluated to recognize predictor variables for treatment outcome of a multimodal intervention program

**Method:** A sample of 75 children aged 6–10 years was treated with behavioral interventions, pharmacotherapy or a combination of both over a period up to 8 months.

**Results:** The outcome depends on variables of the intensity of hyperkinetic symptoms, of the comorbidity at the beginning of the treatment and of family factors as maladaptive parent – child interactions as well as of variables of the treatment program.

**Discussion:** The consequences for a differential indication of specific therapeutic interventions are discussed.

**Home treatment of children with psychiatric disorders****B. Lay<sup>1</sup>, M.H. Schmidt<sup>1</sup>, B. Blanz<sup>2</sup>**<sup>1</sup>Department of Child and Adolescent Psychiatry and Psychotherapy, Central Institute of Mental Health, IS, D-68159 <sup>2</sup>Department of Child and Adolescent Psychiatry, University of Jena, D-07740 Jena, FRG

**Objective:** The aim of the study is to assess whether home treatment of children with severe psychiatric disorders is as effective as inpatient treatment.

**Method:** 70 children aged 6 to 16 years with need of inpatient treatment were treated by home treatment. Control group are 35 inpatient treated children matched for age, sex, diagnosis, severity of disorder, and psychosocial background.

**Results:** Home treatment led to highly significant improvements in all outcome criteria especially with regard to symptoms, global assessment score, and different aspects of functioning. However, home treatment was less effective as inpatient treatment.

**Discussion:** Home treatment is an effective and costs saving alternative treatment modality for a subgroup of children with severe psychiatric disorders.

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**SYMPOSIUM****SY04****THE PATHOGENESIS OF ANOREXIA NERVOSA****021 - 024**

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**KINDS, AMOUNT AND RESULTS OF TREATMENT AMONG CHILD PSYCHIATRIC PATIENTS**

H Adler, M Carlberg, Special Care Unit, Department of Child and Adolescent Psychiatry, P O Box 175 64, S-118 91 Stockholm, Sweden.

**Objective:** Broadly based child psychiatric studies of unselected and consecutive patient materials are rare in comparison to the corresponding data for adult psychiatric services. Most of the child psychiatric studies refer to specific problems in rather limited materials.

**Methods:** The county of Stockholm has operated 28 outpatient child psychiatric guidance clinics for many years. These clinics receive every year about 5-6000 new patients (0-20 years old). In recent years, all patients attending the clinics have been systematically assessed. Different variables are recorded, among them DSM-IV diagnoses, treatment methods and extent of treatment according to the number of sessions the patients are offered. Data from 15 000 patients is till now collected.

**Results:** We will present some examples of data from a selection of variables: diagnoses according to DSM-IV connected with different kinds of treatment and amount of treatment.

**Conclusions:** This large sample of patients makes it possible to compare all kinds of child psychiatric outpatients in an unique way. The possibilities of the material are very great and only a few examples can be presented.

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**THE BIOLOGICAL BASIS FOR ANOREXIA NERVOSA***F. Connan, A. Karwautz, M.A. Katzman, J.L. Treasure, Institute of Psychiatry, DeCrespigny Park, London, SE5 8AF, UK.*

A neurodevelopmental model for the aetiology of anorexia nervosa (AN) will be presented. By positioning stress as the central component psychological, social and biological conceptualisations of this complex disorder can be integrated. Research data from each of these domains will be presented to support our theory. For example, from a biological perspective, serotonergic dysfunction may represent a vulnerability factor for AN as aberrations of the serotonergic system in those recovered from anorexia nervosa (Kaye, 1997; Ward et al., 1998) and the association between 5HT receptor variants (Collier et al., 1997) and the disorder are now well recognised and suggest that serotonergic dysfunction may represent a vulnerability factor for AN. In addition psychologically, AN has been associated with dismissive attachment style, childhood helplessness, and avoidant coping (Troop & Treasure, 1997a & b). Thus we can begin to develop a model in which early non-shared environmental factors interact with biological vulnerability to generate dysfunction of both biological and psychological components of the stress response.

In summary, the serotonergic system dysfunction associated with AN may adversely affect the developing brain, giving rise to psychological and biological traits which create vulnerability to chronic, submissive type interpersonal stress. Such stressors typically arise around the time of puberty, coincident with an oestrogen induced enhancement of vulnerability in the neuroendocrine stress response. Thus an aberrant neuroendocrine stress response is triggered in which appetite is chronically suppressed.

**A POPULATION-BASED TWIN STUDY OF EATING DISORDERS**L. Sandal Kortegaard*Dept of Child Psychiatry, Odense University Hospital, DK-5000 Odense C, Denmark*

Former clinic-based twin studies on anorexia nervosa (AN) have reported on significant difference in concordance rates between monozygotic (MZ) and dizygotic (DZ) twin pairs, and heritability of AN has been estimated at 0.80. The aim of the present study was to replicate these findings in a population-based twin sample. The study was based on the young cohort of the Danish Twin Register, which comprises 20.888 twin pairs, born 1953-82. Genetic analyses followed a two-step screening procedure: 1) a screening questionnaire followed by 2) a clinical study of twin pairs with possible eating disorder (ED) in one or both twins according to the questionnaire findings. The clinical study has been performed in a 5 year birth cohort group (1968-72). 61 female-female couples were available for genetic analyses. Concordance rates were substantially lower than former findings, but still a significant difference between MZ and DZ twin pairs was found. Heritability of AN was estimated at 0.52. It is concluded, that there is a genetic factor in the aetiology of ED, but cautiousness is warranted when generalizing from clinic based studies to the total population.

**22 ANOREXIA NERVOSA 10 YEARS AFTER ONSET: 24 PERSONALITY DISORDERS**M. Råstam, E. Wentz Nilsson, C. Gillberg, I.C. Gillberg*Dept of Child and Adolescent Psychiatry, Institute for the Health of Women and Children, Göteborg University, 413 45 Göteborg, Sweden*

**Objective:** Study the development of personality disorders, especially involving obsessions, compulsions, and social interaction problems in a representative group of anorexia nervosa (AN) cases.

**Method:** Fifty-one adolescent-onset AN cases recruited after community screening were compared with 51 comparison (COMP) cases matched for age, sex, and school regarding comorbid personality disorders, obsessive compulsive disorder, and autism spectrum disorders at mean age 24 years, 10 years after reported onset. All 102 cases had originally been examined at 16 years, and followed up at 21 years. At 24 years, structured and validated psychiatric diagnostic interviews were performed by a psychiatrist blind to original diagnosis. The majority of AN cases (94%) were weight restored.

**Results:** Personality disorders, particularly cluster C, and autism spectrum disorders were overrepresented in the AN group. A subgroup of AN cases was diagnosed with obsessive compulsive personality disorder and/or autism spectrum disorder in all three studies. This subgroup had a very poor psychosocial outcome.

**Conclusions:** Persistent problems with obsessions, compulsions, and social interaction characterise a substantial minority of weight-restored AN cases at 10-year follow-up. These problems appear to be constitutional rather than a result of AN, and may warrant a different treatment approach.

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**ANOREXIA NERVOSA WITH ADOLESCENT ONSET: ADULT NEUROPSYCHOLOGICAL FUNCTIONING SEVERAL YEARS AFTER WEIGHT RECOVERY**I.C. Gillberg, C. Gillberg, E. Wentz Nilsson, M. Råstam*Dept of Child and Adolescent Psychiatry, Institute for the Health of Women and Children, Göteborg University, Göteborg, Sweden*

**Objective:** Study the WAIS-R profiles and other neuropsychological measures in a representative group of weight restored anorexia nervosa (AN) cases.

**Method:** Fifty-one adolescent onset AN cases recruited after community screening were compared with 51 age-, sex-, and school-matched comparison (COMP) cases with regard to WAIS-R and other neuropsychological test results at ages 21 and 24 years by a psychologist/psychiatrist blind to original diagnostic group status. Fewer than 10% of the AN group were underweight at the time of the neuropsychological studies.

**Results:** Full scale IQ (FSIQ), verbal IQ (VIQ) and performance IQ (PIQ) were similar in the AN and COMP groups at both ages, and well within the normal range. Object Assembly results were significantly lower in the AN group. Picture Arrangement results were significantly lower in the AN subgroup showing autism spectrum problems. Motor coordination problems were much more common in the AN group at both ages.

**Conclusions:** In representative populations, AN is not associated with high FSIQ, VIQ or PIQ. The poor result on Object Assembly could be an indication of a decreased drive for central coherence in AN and be linked to disturbed body image. The Picture Arrangement results support the link with autism spectrum disorders in a subgroup of AN. Persisting motor coordination problems long after weight recovery suggest a chronic biological (cerebellar?) dysfunction in AN.

**SYMPOSIUM****SY05****PLAY NARRATIVES IN NORMAL AND CLINICAL PRESCHOOLERS****025 - 031****PLAY NARRATIVES IN NORMAL AND CLINICAL PRESCHOOLERS***K. von Klitzing, K. Kelsay**Department of Child and Adolescent Psychiatry, University of Basel, CH 4058 Basel, Switzerland*

Clinicians who treat preschool children are faced with unique challenges. Preschool children referred to child psychiatrists most frequently present with disruptive, problematic behaviors, possibly because the behavior repertoire of troubled preschoolers is limited. The etiologies behind the symptoms however, are varied, including anxiety, trauma, and relationship disturbances. To appreciate the suffering of these young children, and to plan treatment, clinicians need to gain an understanding of the inner world of these children. Children at this age, however have difficulty reporting internal states. The MacArthur Story Stem Battery (MSSB) was developed as a standardized, developmentally appropriate method using play narratives to gain access into the inner world of young children. This method involves the administration of story stems in a standardized fashion using figures and props, and the child is asked to "show and tell me what happens next". Content, structure, and quality of the elicited play narratives can then be analyzed with the help of standardized coding instruments. In the symposium, clinical and developmental researchers will present their methodological approaches (including results addressing reliability and validity) and findings of studies conducted with several clinical and non-clinical samples.

**THEMES AND STRUCTURE OF PLAY NARRATIVES IDENTIFIES HIGH RISK CHILDREN****26***K. Kelsay, K. von Klitzing, R. Emde**Department of Psychiatry, University of Colorado Health Sciences Center, Denver, CO 80262, USA*

Within the last years, studies using the play narrative story stem technique have linked preschooler's representations to behavioral problems, attachment patterns, and history of trauma. The small sample sizes involved in these studies have limited the analyses to main effects. We report data from a large sample (MacArthur Longitudinal Twin Study), where we were able to look at gender effects and other sub-groupings.

**Methods:** The MacArthur Story Stem Battery (MSSB) was administered to 654 children at age 5, the CBCL was completed by parents at age 5 and 7, and by teachers at age 7.

**Results:**

1) Aggressive themes in narratives show small but significant correlations with externalizing behaviors at 5 years as rated by father, and 7 years as rated by mother, father, and teacher. (.15-.23,  $p < .01$ )

2) Boys more frequently told stories with aggressive themes, and less frequently with affection themes than girls. Stories told by boys were less coherent than stories told by girls.

3) A subgroup who met criteria for incoherent aggressive stories in > 25% of their stories showed significantly more externalizing behaviors on the CBCL at ages 5 and 7.

**Conclusion:** The findings point to the potential for accessing the young child's inner world through the MSSB. By combining content themes and narrative coherence, we were able to identify a group of children at risk.

**25****DISCRIMINANT VALIDITY OF BIZZARE NARRATIVE THEMES FOR CHILD SYMPTOMATOLOGY***E. Lemche, C. Orthmann, A. Ari, K. Grote, J. Haefker, I. Lennertz, G. Klann-Delius**Dresden University of Technology, 01307 Dresden, Germany*

**Objective:** The study intended to investigate the impact of the relationship quality and the emotional quality of parent-child interaction onto emerging intrapsychic emotion regulatory capacities. A specifically considered problem hereby was, whether child symptomatology would be related to specific types of narrative emotion content themes.

**Method:** Story-stem evoked play narratives of each eight boys and girls, 35-69 months, were coded with the Parental Representation Scales (designed by the first author) and the MacArthur Narrative Coding System. Emotional availability of the parent-child interaction dyad was determined through free-play episodes, while behaviour problems were assessed through parent-CBCL.

**Results:** A direct discriminant function analysis was conducted using four representational narrative variables (mother, father, negative parental, positive parental) as predictors of memberships to positive/negative bizarre content groups. Results indicated that differentiation of negative and mother representation contributed significantly to prediction of negative atypical narrative content. As furthermore found, Emotional Availability was negatively related ( $r_p = -.28$ ) to total symptom taint, while negative representations were related to both internalizing and externalizing problems in moderate association.

**Conclusion:** Results provide evidence for the assumption, that emotional tone of bizarre contents according to quality of internal representation might be a key feature for prediction of conduct disorder.

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**NARRATIVE THEMES, BEHAVIOR, AND COGNITIVE DEVELOPMENT IN PRESCHOOLERS***K. von Klitzing, B. Benz, D. Bürgin**Department of Child and Adolescent Psychiatry, University of Basel, CH 4058 Basel, Switzerland*

The objective of the study was to examine the interrelationship between content themes of story stem play narratives, behavior problems rated by their parents, and cognitive development in a non-clinical sample of Swiss preschoolers.

Method: The Mac Arthur Story Stem battery was administered to 38 four-year-old children of a mainly middle class longitudinal sample. Cognitive development was assessed using the Kaufmann Assessment Battery for Children. Parents completed CBCL-questionnaires.

Results: The number of Aggressive themes told by the children in the MSSB correlated significantly in a negative direction with the children's cognitive capacities ( $r = -.34^*$ ). In contrast, the number of positive/prosocial themes correlated positively with the children's cognitive capacities ( $r = .22$ ), but this correlation did not reach significance. There was no significant correlation between the number of aggressive narrative themes and parental CBCL-ratings. In contrast, the number of positive/prosocial themes correlated significantly negatively with externalizing ( $r = -.51^{**}$ ) problems and internalizing problems ( $r = -.56^{**}$ ) rated by the mother. These negative correlations were the same when they were controlled for the children's cognitive capacities.

Conclusion: Our findings show that there are strong connections between children's inner emotional representations (revealed by the content of their narratives) and their observable behavior. The developing narrative capacity of young children, specifically the capacity to express positive emotional themes, seems to be a protective factor for psychic development.

**28 DEVELOPMENT OF PROCESS SCALES FOR NARRATIVES OF CHILDREN WITH CONDUCT PROBLEMS***J. Hill**Child Mental Health, Royal Liverpool Children's Hospital, University of Liverpool, Liverpool L12 2AP, United Kingdom*

Objective: The development of the Mac Arthur Story Stem Technique has offered an opportunity to study the role of the child's representations in development. Several lines of evidence suggest that, in high risk and clinical populations, the assessment of the structure and quality of the narratives would be valuable.

Method: We will describe the development of scales to assess coherence, avoidance, affect regulation, escalation of danger and aggression, overall aggression, quality of interpersonal themes, effectiveness of portrayed child actions, and representations of parental figures. We will also report on a comparison of aggressive and disruptive children referred to child mental health facilities in Liverpool and comparison children drawn from schools. Behavioural disturbance was assessed using the Eyberg Child Behaviour Inventory and the CBCL. Children were assessed for verbal IQ using the British Picture Vocabulary Scale, and for their ability to describe series of events using the Red Bus Story Test.

Results: Inter-rater reliability from video tapes of children aged 4-9 from two UK centers and one US center was ascertained. Each tape was rated by raters from each of the UK and US centers. The intraclass correlation coefficients ranged between .65 and .85.

Further directions: Comparison of the process scales and the well established content scales will be presented and the implication for our understanding of aggressive behaviour will be reviewed.

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**THE NARRATIVES OF CHILDREN PRESENTING PSYCHOSOMATIC PROBLEMS***B. Pierrehumbert, F. Schwarz, A. Pitek Khokhlov, F. Ansermet*  
*Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent, 1005 Lausanne, Switzerland*

Objective: There is a lack of support for the notion of a psychosomatic clinical entity, with clear etiological evidence and factorial clustering of symptoms. The association between psychosomatic troubles and separation anxiety is further investigated in the present study in progress.

Method: The Child Behavior Check-List (CBCL) had been submitted to more than 3'000 French speaking mothers of five year old children, and factor-analysed. A sub-sample of these subjects (N=40) had been previously observed in the Strange Situation (SST), when they were 21 months old. Thirty 4-5 years old children reaching a psychosomatic cut-off on the CBCL (15 % of the normal population), 30 children referred for psychosomatic symptoms and 15 normal controls matched for their overall CBCL scores, are examined through the Mac Arthur Story Stem battery (MSSB) and projective tests. A specific coding procedure of the Story Stems has been developed, focusing on both the content and the intrinsic qualities of the narratives.

Results: The analysis of the CBCL data revealed 4 dimensions: externalizing and internalizing behavior problems, immaturity and psychosomatic troubles. The presence of a separation distress in the SST tended to predict later psychosomatic troubles on the CBCL. The analysis of the narrative data is still in progress. Subjects with psychosomatic problems and controls will be compared.

Conclusion: Results will be discussed in the perspective of a possible specificity of the narratives of children with psychosomatic symptoms, especially when dimensions of attachment and of separation anxiety are considered.

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**PLAY NARRATIVES IN A CLINICAL SETTING***K. Kelsay, R. Emde**Department of Psychiatry, University of Colorado Health Science Center, Denver, CO 80262, USA*

Objective: Gaining access to the young child's inner world is a special skill which many clinicians have worked to develop. Play narratives rely on the child's developmental capacities to play and tell stories, and have proven very promising in closing the gap between clinical knowledge, and reproducible studies. We began using play narratives in a clinical sample of behaviorally disordered preschoolers in order to examine the clinical feasibility.

Method: 15 children, all coming from low SES families, were recruited from two therapeutic preschools. Diagnoses vary. Minorities (African American, Hispanics) are over-represented in the sample. Play narratives were administered to the children at the child's school.

Results: The examiner had a relationship with some of the children prior to their involvement of the study, as she was involved in the milieu at one sight. At this sight we observed a change in the quality of the relationship, from ambivalent, superficial, or negative to positive. At the second sight the examiner was involved only in research and had only minimal exposure to children in their milieu. Most of these children also had a very positive response to the administration of the play narratives.

Conclusion: We hypothesize that the experience of performing the play narrative task enables the child to feel heard in a very powerful way, and that this may facilitate the formation of a working relationship. We discuss the implications of these observations and identify areas of future research.

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**SYMPOSIUM****SY06****DEVELOPMENTAL IMPACT OF DISSOCIATIVE STATES****032 - 038****DEVELOPMENTAL IMPACT OF DISSOCIATIVE STATES***F. Resch\*, D. Bürgin\*\***\*Dept. of Child and Adolescent Psychiatry, University of Heidelberg, Germany**\*\* Dept. of Child and Adolescent Psychiatry, University of Basel, Switzerland*

This symposium tries to combine various studies concerning dissociative symptomatology and its contribution in the development of adolescent psychopathology. Pathological dissociation has been a controversial issue for more than a century. The modern theory of dissociation has gained a central role in the concept of mastering human stressors as well as stressors in the context of natural disaster. Assessment procedures have shown a strong increase in dissociative experiences in the aftermath of traumatic experiences, but the extent of the different subdimensions (amnesia, depersonalization, derealization, passive influence, identity alterations, and absorption) within the global construct of dissociation varies in relation to kind, severity and timeliness of exposure to the traumatic events. But findings about the influence of kind and severity of different traumatic life experiences on the degree of dissociative symptoms remain inconsistent.

Empirical data and developmental models focusing on the influence of alterations of identity and estrangement from self on identity formation of adolescents will be presented. Also data from investigations conducted in non-clinical as well as in clinical populations are presented to clarify the difference between normal and pathological forms of dissociation.

**NARCISSISTIC AND DISSOCIATIVE STATES IN ADOLESCENCE****33**

B. Schuch\*, R. Mutschlechner\*\*, F. Resch\*\*\*, Clinic of Child and Adolescent Neuropsychiatry, University of Vienna\*, Clinic for Neurological Medicine Rosenhügel, Vienna\*\*, Department of Child and Adolescent Psychiatry, Heidelberg\*\*\*

**Objective:** To examine narcissistic and dissociative symptoms in different groups of adolescents.

**Methods:** The „Narzißmus-Inventar“ (Deneke & Hilgenstock, 1989), a self report questionnaire, was administered to 4 samples of adolescents, ranging in age from 14 to 19 years. A non-clinical group (n=500), clinical samples of adolescents with schizophrenia spectrum disorders (n=50), with anxiety disorders (n=50), with migraine headaches (n=50).

**Results:** Dissociative symptoms, namely depersonalisation and derealisation, were found in a high percentage in patients with juvenile psychoses, in a low percentage in the non-clinical group. Patients of the other clinical samples show a higher degree of dissociative symptoms than the normal group. In the non-clinical sample the frequency of some narcissistic symptoms, e. g. grandiosity and narcissistic relationships, vary with age according to developmental characteristics. Psychotic patients with depersonalisation – symptoms show a lower degree of narcissistic phenomena than dissociating adolescents of the other samples.

**Conclusions:** Narcissistic phenomena seem to be important coping strategies for stabilizing fragile self structures.

**32****DISSOCIATION AND DEVELOPMENTAL PSYCHOPATHOLOGY OF PERSONALITY****34**

F. Resch, P. Parzer, R. Brunner, Department of Child and Adolescent Psychiatry, University of Heidelberg, D-69115 Heidelberg, Germany

**Objective:** Dissociation is held to be a structural change in information processing and attention due to traumatic infliction. Developmental implications of dissociative experiences on personality and self structure still await elucidation.

**Methods:** In a clinical adolescent sample of 200 patients with various psychiatric diagnoses the Adolescent Dissociative Experiences Scale in a German version (SDE-J) was administered. Self concept was assessed in a subsample of 90 patients with the Frankfurt Self Concept Scale (FSKN), traumatic life events were documented by the therapists by using the trauma-checklist (TCL).

**Results:** 17.5% of the patient sample presented with sexual abuse, 17.9% suffered from physical abuse, 33.1% reported emotional neglect by their parents and 62.2% presented with stressful life events. Dissociation scores varied within the diagnostic groups of patients showing increased scores in patients with affective disorders (ICD-10, F3) and personality disorders (ICD-10, F6). **Results:** Dissociation scores were significantly related to sexual abuse and emotional neglect in our sample. A negative correlation between self concepts in the FSKN and dissociation scores was documented.

**Conclusions:** Traumatic events seem to exert their negative effects on self development by enhancing dissociative experiences.

**Dissociation and Exposure to Violence in Adolescents****B. Mohler***Department of Child and Adolescent Psychiatry, University of Basel, CH 4058 Basel, Switzerland*

**Objective:** Significant prevalence of dissociative experiences have been described in normal and clinical youth populations. Dissociation has been related to Exposure to violence (ETV), as an outcome, and as a potential confounder of exposure or trauma related information. The psychometric properties of two different dissociation scales, their application in different languages and cultural settings and their relationship with ETV is investigated.

**Methods:** The American sample was drawn from the 12 year cohort of the Project on Human Development in Chicago Neighborhoods. ETV was assessed through a highly structured interview. A dissociation scale was drawn from the Youth Self Report. A translation of the ETV measure and of the Adolescent Dissociative Experience Scale (ADES) has been pilot tested in a comparable Swiss population.

**Results:** Both general population samples show a significant prevalence of dissociative states. The more specific ADES revealed a stronger relationship with ETV in girls ( $r=.6$ ). Both measures and both populations revealed higher frequencies of dissociative experiences in adolescent females.

**Conclusion:** The results support a dimensional approach of dissociation in adolescence. Symptom or experience frequency seem to have a gender and culture specific normal developmental aspect, but are as well related to severity and frequency of ETV.

**35 Mental disorders in sexually abused children.****Schoentjes, E.; Van Wetswinkel, U.; Deboutte, D..***University Center for Child & Adolescent Psychiatry, A.Z.-Middelheim, Lindendreef 1, 2020 Antwerpen, Belgium.*

**Objective :** To examine the prevalence of mental disorders in sexually abused children. To identify possible determinants for these disorders.

**Methods :** 86 sexually abused children aged 3 to 17, referred to a Child- and Adolescent psychiatric outpatient clinic, were assessed using a strict diagnostic protocol, which consisted of the Child Assessment Schedule, the Child Behavior Checklist, the Child Dissociative Checklist, the Child Sexual Behavior Inventory and a structured interview concerning the antecedents of the child and information about abuse characteristics. Diagnostic classification, according to DSM IV criteria, was independently performed by 2 clinicians using the information gathered with the diagnostic protocol.

**Results :** The most frequent diagnoses in the examined population were : Mood Disorders (51%), Posttraumatic stress disorder (49%) en Conduct disorders (26%). Important co-morbidity was noted. In 10% of the sexually abused children no disorder was found.

The presence of a mental disorder was not only correlated with abuse characteristics, but was also correlated with characteristics of the environment (family functioning, personality characteristics and antecedents of the mothers) and with personal characteristics of the child (age, sex, prior traumatic experiences).

The literature is scarce concerning the use of semi-structured diagnostic interviews in sexually abused children. Nevertheless the prevalence of mental disorders reported in previous studies using other diagnostic strategies is very analogue to the findings in our study.

**Conclusions :** The sexually abused children in our study present with a high prevalence of mental disorders. The presence of a disorder seemed to be determined by multiple factors. Not only are the abuse characteristics correlated with the presence of a mental disorder, but antecedents of the child and characteristics of his environment too, determine its presence. The high prevalence of mental disorders in sexually abused children confirm the necessity for adequate diagnostic assessment in this at-risk population.

**37****DISSOCIATIVE EXPERIENCES IN A CLINICAL AND NON-CLINICAL GROUP OF ADOLESCENTS**

R. Brunner, P. Parzer, F. Resch, Department of Child and Adolescent Psychiatry, University of Heidelberg, D-69115 Heidelberg, Germany

**Objective:** The purpose of this study was to examine the phenomenology of dissociation in a clinical and non-clinical group of adolescents. **Methods:** 251 adolescents 11 to 19 years of age consecutively admitted to the Department of Child and Adolescent Psychiatry at the University of Heidelberg were investigated. All adolescent patients completed a German version (SDE-J, Heidelberg Dissociation Inventory, Brunner et. al., 1999) of the Adolescent Dissociative Experiences Scale (A-DES, Armstrong et al, 1997) as part of their admission evaluation. 634 students with normal cognitive abilities from different school-level qualifications completed also this questionnaire. **Results:** Measures of reliability of the SDE-J in the clinical and non-clinical samples revealed good psychometric properties. In both samples no significant relationship of age, or school grades to the mean SDE-J scores could be found. Also there was no significant difference in SDE-J scores between sexes. The mean score over all patients, regardless of diagnostic category, was significantly elevated in comparison to that of non-psychiatric sample of 634 students. Additional data analysis showed that the highest SDE-J scores were found in the group of adolescent patients with a history of child abuse and neglect, whereas the lowest scores were seen in the group of adolescents from the general population. **Conclusions:** In contrast to the current psychopathogenic model of dissociation which maintains that particularly severe traumatic events lead to dissociative symptomatology, moderate but chronic emotional stress may be equal or even more important in the development of dissociation.

**36****FALSE SELF AND PSYCHOPATHOLOGY IN ADOLESCENCE****V. Thermos***Private practice, Athens, Greece*

The problem of false self is usually found in endowed and creative adolescents, and for some of them psychopathology is the only available way to recover.

False self, as described by Winnicott, is often revised and broken down during adolescence. Emergence of more intimate feelings, reliquification of drives, and a need for personal meaning, all contribute to a loosening of defensive submissiveness and rationalization and to the appearance of the true self. This shift usually becomes an adventure. Depression, panic disorder, psychosomatic disorders, or even psychotic episodes, can be ways through which an alienated person seeks for his/her genuinity. Return of the repressed (body, emotion, desire) can be noticed in the symptoms, although they come back in intense and autonomous form. Psychoanalytic psychotherapy is essential in helping the patient discover a meaning in symptomatology and integrate neglected aspects of his/her personality in future development.

Family intervention is often necessary in order to assist them facilitate the emergence of the true self. Theological issues are discussed along with psychoanalytic ones.

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**SYMPOSIUM**

SY07

**ARPEA-Symposium****ADDICTIVE STATES: RISK FACTORS AND COMORBIDITY**

039 - 045

**ADDICTIVE STATES: RISK FACTORS AND COMORBIDITY**

*M. F. Flament*  
*CNRS UMR 7593, Paris, France*

The objectives of the symposium are two-fold. First, we aim to demonstrate that there are common clinical, and possibly etiological, features in various forms of addictive disorders, including the eating disorders bulimia nervosa and anorexia nervosa. Then, among these possible common features, we examine the role of psychiatric comorbidity, notably affective and anxiety disorders, as possible risk factors for the addictive disorders.

The first communication will review the frequency and severity of substance use and addictive disorders in children and adolescents world-wide. Then, the possible association between eating disorders and other addictive behaviors (alcohol dependence, licit and illicit drug dependence) will be discussed, as well as possibly common theoretical models underlying the various disorders. The following two presentations will concern diagnostic comorbidity between addictive disorders and affective / anxiety disorders. The chronology of appearance of the various lifetime disorders will be examined, as well as the role of comorbidity on severity of overall psychopathology.

The papers will show that affective and anxiety disorders often predate the onset of addictive disorders of various types. This might have important etiological, preventive and therapeutic implications.

**SUBSTANCE USE AND ADDICTIVE BEHAVIORS IN CHILDREN 40**

*M.P. Bouvard\*, C. Martin\*, M.C. Mouren-Simeóni\*\**

*\* Charles Perrens Hospital, Bordeaux, France*

*\*\* Robert Debré Hospital, Paris, France*

Substance abuse have been extensively described in adult and adolescent population. However, few studies are available in children. Recent data suggest early onset of substance use, and an increase risk of substance abuse and dependence in this population. Moreover, extensive concept of addictive behavior, including pathological gambling, eating disorder is now described in children.

In United-States, recent studies suggest that about 5% of 8 to 10 years children have experimented substance use such as alcohol, tobacco and illicit drugs. Federman et al. in a large epidemiological study, found a developmental increase of alcohol and drug use between 9 and 15 years old. Dependence and abuse seem more rare. 10 to 13 years children have been found to have substance abuse and/or dependence (Cohen et al., 1993).

In another hand, researchers have focused on vulnerability factors to drug abuse and addictive behavior in children. Some psychiatric disorders have been involved in this vulnerability. In this way, childhood depression, anxiety disorders and have been described as potential factors. Links between attention deficit/hyperactivity disorder and substance abuse onset are yet more discussed.

In this presentation, we will present data about developmental pathways between substance use in children and substance abuse/dependence disorders. Vulnerability factors to substance use and abuse and addictive behavior will be discussed, in the light of outcome studies.

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**CHILDHOOD SEPARATION ANXIETY DISORDER IN DRUG ADDICTION AND EATING DISORDERS**

*D. Bailly\*, I. Bailly-Lambin\*\**

*\* Addictive Behaviours Unit, University Hospital ; \*\* Department of Education, Prevention, and Health Promotion, Catholic University Hospital ; Lille, France*

**Objective:** The aim of this study was to investigate the prevalence rate of childhood separation anxiety disorder (SAD) and the clinical characteristics associated with childhood SAD in drug addiction and eating disorders.

**Methods:** 127 inpatients with substance dependence, 45 with anorexia nervosa, 36 with bulimia according the DSM III-R criteria, and 110 students used as controls were studied. The current and lifetime psychiatric histories were assessed using structured interviews (SADS-LA, SCID), and the general psychopathological profile by means of a self-report questionnaire (SCL-90R).

**Results:** Compared to the control group (12.7 %), the prevalence of childhood SAD was found significantly higher in patients with substance dependence (27.5 %) and higher (but not significantly) in patients with anorexia nervosa (20 %) and bulimia (19.4 %). Within the clinical population, patients with childhood SAD showed significantly more frequently comorbid anxiety disorders (adolescence SAD, panic disorder, agoraphobia) and had a general psychopathology profile significantly more severely affected, when compared to patients without childhood SAD.

**Conclusions:** These data suggest a possible association between childhood SAD, anxiety disorders and both drug addiction and eating disorders, and show that epidemiological investigations can be helpful for planning prevention and treatment.

**DRUG ABUSE AND EATING DISORDERS IN ADOLESCENTS AND YOUNG ADULTS : THE IMPORTANCE OF COMORBIDITY**

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**Objective:** The study is part of a broader international project on dependent behaviours. It aims to evaluate comorbidity in adolescent and young adults with a current diagnosis of eating disorders or drug abuse compared to a community sample.

**Method:** Between 1995 and 1998, in the French part of Switzerland, 187 clinical subjects aged 14 to 25 were interviewed using the MINI (Mini International Neuropsychiatric Interview, DSM-IV) in order to confirm the diagnosis of anorexia nervosa, bulimia nervosa or drug abuse, and to assess comorbidity. The control group includes 121 subjects in the same age range.

**Results:** Depression is observed to be very common in the three clinical groups with a percentage of 75 % of the subjects scoring positively for major depression (life-time diagnosis) ; the other psychiatric disorders such as social phobia, general anxiety and mania are less frequent but still much more important than in the community sample ; there is a higher incidence of separation anxiety (past and/or present) among drug addicts than among subjects with eating disorders. Suicide attempts are also a discriminative factor, with a percentage of 35 % for drug addicts, 33 % for bulimics and 24 % for anorexic girls (the percentage is 8 % in the community sample).

**Conclusion:** Most of the disturbances, notably separation anxiety and depression, occur before or simultaneously with the dependent behaviour, which has an incidence as far as prevention is concerned.

**42 SEDATIVE AND HYPNOTIC DRUG USE IN CHILDREN AND THEIR FAMILIES**

*C. Chabaud-Peycher, G. Michel, C. Saurat, M.F. Flament, M.C. Mouren-Siméoni, Hôpital Robert-Debré and CNRS UMR 7593, Paris, France*

**Objective:** The aim of the study was to assess lifetime frequency of sedative and hypnotic drug use in children and adolescents, and the relationships between their drug consumption and family patterns regarding drug use.

**Methods:** From November 1997 to June 1998, 194 subjects aged 6 to 16 years (mean age, 9.7 years), outpatients in a Parisian pediatric hospital, were included in the study: 110 were psychiatric outpatients, and 84 were general pediatric outpatients. Each subject and all members of his/her family (both parents and siblings in the same age range) were assessed regarding lifetime and current psychotropic drug consumption, and current (past 4 weeks) analgesic and over-the-counter drug consumption.

**Results:** Frequency of lifetime sedative and hypnotic drug use in children and adolescents was 37% among psychiatric outpatients and 13% among pediatric outpatients ( $p=0.001$ ); their mothers' lifetime psychotropic drug use were 60% and 50%, respectively ( $p=0.17$ ), and their fathers' lifetime psychotropic drug use were 43% and 31%, ( $p=0.18$ ). Using multiple logistic regression, both groups combined, the factors most strongly associated with children's sedative and hypnotic drug consumption were mothers' psychotropic drug consumption ( $p=0.02$ ) and the total cumulated amount of this consumption ( $p=0.01$ ).

**Conclusion:** The study demonstrates that sedative and hypnotic drug use in children and adolescents is strongly related to their parents, especially their mothers, own drug consumption.

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**EATING DISORDERS AND DEPENDENCE: ASSOCIATED PATHOLOGIES?**

*V. Delvenne<sup>1</sup>, N. Bap<sup>2</sup>, N. Mamar<sup>2</sup>, D. Bailly<sup>2</sup>, M. Flament<sup>2</sup>,  
1. Hôpital Erasme, Free University of Brussels, Brussels  
2. INSERM network on bulimia, Paris*

**Objective:** The purpose of the present paper is to review the link between eating disorders and addiction.

**Method:** an extensive review of published studies on the epidemiological data concerning the prevalence of addiction in eating disorders will be presented. Comorbidity in familial studies will also be reviewed. Clinical aspects and psychopathological hypothesis concerning the link between the two disorders will be presented. Results from the INSERM network on bulimia nervosa will illustrate our proposal.

**Results:** in epidemiological and familial studies, eating disorders and mainly bulimia nervosa is frequently associated with psychoactive substance use. This had also been observed in the INSERM network on bulimia nervosa, particularly for alcohol use or hypnotic sedatives use. **Conclusions:** comorbidity between eating disorders and addiction is not infrequent. This is important to evaluate it before engaging treatment as it might be an pejorative factor for treatment and for evolution of the eating disorder.

**BABIES AND SUBSTANCE ABUSING MOTHERS: DYADIC PROBLEMS IN EARLY INTERACTION**

*E. Savonlahti, M. Pajulo, J. Piha, Child Psychiatry Clinic, University of Turku, FIN-20520 Turku, Finland*

Infants seek actively interaction right from the beginning of their life. They have innate capacities to interact: perceptual competences and capacity to self-regulation. To all development infant needs help from the care giver, called the self-regulating other (D.Stern). It is essential that the care-giver is able to recognize the infant's interactional signals, interpret the signals and react in appropriate time and repeatedly. This provides a holding context for infant to develop.

Babies born to substance abusive mothers may have been exposed to substances during pregnancy, which often causes prematurity, organ defects, abstinence symptoms and need for intensive care. Because of the problems babies have inappropriate capacity to regulate themselves, their interactional signals are not easily interpreted and they reject care giving which is specially difficult to these mothers. The distorted signals may be amplified both by the mother and the baby: negative interactional cycle is created and lack of reciprocity and regulation is found in the dyad.

In this study substance abusive mother-baby -couples are evaluated in their interactional capacities and dyadic relationship with the Early Relational Assessment Method (R.Clarke). A Zero to Three Diagnostic Classification is used to find out if the babies have depressive symptoms or regulatory disorders.

**SYMPOSIUM****SY08****TRAUMATIC DISTURBANCE IN CHILDREN  
AND ADOLESCENTS: DIAGNOSTICS AND  
THERAPY****046 - 052****TRAUMATIC DISTURBANCE IN CHILDREN AND  
ADOLESCENTS: DIAGNOSTICS AND THERAPY**A. Streeck-Fischer*Department of Clinical Psychotherapy for Children and  
Adolescents at Tiefenbrunn Hospital in Niedersachsen, Germany*

In the psychotherapy of traumatic disturbance, specific problems in diagnostics occur, of which the accommodation syndrome, disturbances of sensory integration, shut-down mechanisms and freezing will be examined more closely. In the treatment of such disturbances, particular attention must be paid to the development of secure places, work on the predominant bonding modes and the development of 'play spaces'. Clinical vignettes will be used to illustrate specific problems in dealing with traumatized children and adolescents, and their families.

**PSYCHIC TRAUMATIZATION IN CHILDHOOD AND  
ADOLESCENCE - DEVELOPMENTAL PSYCHOPATHO-  
LOGY AND CLINICAL ASPECTS** **47**P. Riedesser, M. Schulte-Markwort, J. Walter*Department of Child and Adolescence Psychiatry and  
Psychotherapy, University Hospital Eppendorf, Martinistraße 52,  
D-20246 Hamburg*

**Objective:** A survey is given over types of traumatization (natural disasters, man made disasters) and the history of investigation of psychic traumatization.

With a background of developmental psychopathology some typical case vignettes are presented (among them a 8 years old girl after a traffic accident and a 11 years old boy after his mother's mastectomy due to breast cancer).

After a review on psychic sequelae of war experiences finally questions are posed for further psychotraumatological research.

**46****48****EFFECTS OF TRAUMA ON THE DEVELOPMENT OF  
SELF-, OBJECT- AND RELATIONSHIP REPRESENTA-  
TIONS**D. Bürgin*Abt. Kinder- und Jugendpsychiatrie der Universität Basel*

Traumatic experiences in early childhood often have long lasting effects on the development of the representational world. Very unpleasant affects or experiences of psychic pain are hereby dissociated from the other representations. With this, the major part of the Ego remains 'free' and functional. During the process of a psychoanalytic psychotherapy this process is being reversed: the dissociated parts should be reintegrated into the rest of the personality. Such an integration may - for a limited time - hinder other egofunctions and therefore should be mentioned in advance during the interviews with parents as a possible disturbance of the therapeutic work.

## THE IMPORTANCE OF EDUCATIONAL SOCIAL WORKER IN IN-PATIENT PSYCHO-THERAPY OF TRAUMATIC TROUBLES IN CHILDREN AND ADOLESCENT PSYCHIATRY

*H. Meng*

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Severe traumatisations of children and adolescents quite often lead to conditions where in-patient treatment becomes inevitable. In order to profit from the richness of therapeutic possibilities of a psychotherapeutic ward to full extent, therapists preferably pay attention to the intramural reality space (i. e. the reality space on a therapeutic ward except the therapeutic space in the narrower sense). It is the field, where patients often re-enact - quite often on a preverbal stage - their inner conflicts hoping to find partners in order to transform their acting-out to a more meaningful level. The intramural reality space differs to a large extent from the reality space outside the ward. For example, the patient will find a team of social educational workers ready to communicate with him in his own language of acting. In doing so, they are lead by the same psychoanalytic constructs and driven by the same goals, which are valid in the therapeutic space in the narrower sense, while the patient yet is far away even from putting his feet into a psychotherapeutic consulting room. Together with this chance goes a responsibility, which is in contradiction to many of the common values where the 'language of doing' is downgraded in regard to psychotherapy in the narrower sense. By using these systems of value without reflection, either patients and/or parents and/or the therapeutic team will obstruct the therapeutic process of various levels. On the other hand, by dealing with these aspects of inpatient psychotherapy in a sensible way, the therapeutic process will be substantially supported.

## TRAUMATIC DISTURBANCE IN CHILDHOOD AND ADOLESCENCE AND THEIR TREATMENT

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Traumatic experiences in early childhood have specific effects on personality development which should be examined from the development psychology and psychoanalytical point of view. Complex disturbances in the physical, cognitive and psychic areas can be found and should be described more precisely. Specific implications for out-patient and in-patient psychotherapy, dependent on age severity of the disturbance picture will be discussed in the various contributions.

## 49 POST-TRAUMATIC STRESS REACTIONS IN CHILDREN OF WAR 51

*Abdel Aziz Mousa Thabet<sup>1</sup>, Panos Vostanis<sup>2</sup>,  
<sup>1</sup>GCMHP - Gaza, <sup>2</sup>Leicester University - UK*

The aims of this study were to estimate the rate of posttraumatic stress reactions in Palestinian children who experienced war traumas, and to investigate the relationship between trauma-related factors and PTSD reactions. The sample consisted of 239 children of 6 to 11 years of age. Measures included the Rutter A2 (parent) and B2 (teacher) scales, the Gaza Traumatic Event Checklist and the Child Post Traumatic Stress Reaction Index. 174 children (72.8%) reported PTSD reactions of at least mild intensity, while 98 (41%) reported moderate/severe PTSD reactions. Caseness on the Rutter A2 scale was detected in 64 children (26.8%), which correlated well with detection of PTSD reactions, but not with teacher-detected caseness. The total number of experienced traumas was the best predictor of presence and severity of PTSD. Intervention programs for post-war children need to be evaluated, taking into account developmental and cultural aspects, as well as characteristics of the communities involved.

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## THE TREATMENT OF ABUSED CHILDREN

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I. The number of abused, neglected children is increasing in our childpsychiatric praxis. The symptoms are different and they depend on age, type of abuse and frequency of abusing. Their treatment is a special task for childpsychiatrists.

II. Aim of treatment:

- Support of parenting;
- Prevention further abusing;
- Treatment of symptoms.

Sequence of treatment:

1. Motivation of parents for the treatment;
  2. Treatment of the family:
    - a.) Social support;
    - b.) Crisisintervention;
    - c.) Supporting therapy of parent: improving of parent skills, an approaches according to behaviour therapy, parent training.
  3. Treatment of children:
    - a.) Evaluation of cognitive level, correction of problems;
    - b.) Individual psychotherapy: elaboration of psychotrauma, education for defense skills;
- Special problems during the treatment:
- a.) Necessity of foster care;
  - b.) Collaboration with childcare services (caseconferences)
  - c.) "Ount reach" activities

Conclusions: The treatment of abused children is difficult, needs much, time and collaboration of more specialist. That's why prevention is very important.

**SYMPOSIUM****SY09****EFCAP-Symposium****FORENSIC ASSESSMENT****053 - 059****FORENSIC ASSESSMENT  
EFCAP-Symposium**

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Forensic child and adolescent psychiatry has received much attention during recent years. Spectacular cases published in the newspapers have contributed to that fact. In order to propose adequate measures for the courts and also for treatment and rehabilitation of juvenile delinquents, methods of assessment are of decisive importance. The symposium will focus on assessment methods, but also include epidemiological surveys and aspects of quality assurance.

**NEEDS IN A HIGH RISK POPULATION – JUVENILE HOMICIDES 54**

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Objectives:

To identify Factors indicating a propensity to engage in violent behaviour. To generate testable hypotheses to inform assessment, clinical practice and future research.

Methods:

A cross comparative retrospective case note study of consecutive referrals between January 1987 and January 1997 of 450 young offenders (120 sex offenders, 100 violent girls, 100 firesetters, 80 violent offenders and 50 homicides).

Data collected on 76 variables including demographics, personal and family history, offence/offending characteristics.

Results: Juvenile perpetrators of homicide are a heterogeneous group. They present with high rates of generalised adjustment difficulties (contact with psychologist, separation from carers), dysfunctional upbringing (surrogate fathers, maternal psychopathology and emotional abuse) and personal disturbance (alcohol abuse, conduct disorder). Rates of previous violent offending/behaviour low. Homicide often committed alone, in a public place, against a stranger using a blunt/sharp weapon. Wide age range of victims.

Conclusions:

Need for better classification based on aetiological consideration. Classification will assist clinicians prediction of risk of some offending behaviour(s), but not necessarily prediction of future violent behaviour.

**53****55****Concept of pathological delinquency in juveniles**

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Psychiatry (Moscow, Russia)*

Objective. In our studies delinquency is understood as repeated asocial actions of a child who is not criminally responsible for these deeds because he/she has not reached the age of responsibility or social dangerousness of the actions is not significant. In our opinion qualification of behaviour disorders in the framework of ICD-10 does not allow full qualifying of pathological delinquency. The study is to find psychopathological comorbidity of delinquency in order to differentiate treatment and rehabilitation measures.

Methods. A group of 321 children and adolescents (mean age 15,1) with delinquent behaviour and signs of mental disorders and psychic development disorders was clinically examined.

Results. The following types of mental disorders were found: organic emotional labile (asthenic) disorders (16,3%,  $r = +0,36$ ); organic personality and behaviour disorders (14,2%,  $r = +0,29$ ); affective mood disorders first diagnosed in puberty crisis (9,6%,  $r = +0,18$ ); forming personality and character disorders (dissocial, emotionally unstable, dependant variants) (24,6%,  $r = +0,44$ ); psychoactive substances abuse (38,6%,  $r = +0,23$ ); hyperkinetic disorders (16,8%,  $r = +0,23$ ).

Conclusion. Pathological delinquency evaluation based on the multiaxial diagnostics principle allows better differentiating measures in prevention, treatment and rehabilitation.



## SCREENING JUVENILE DELINQUENTS FOR PSYCHOPATHOLOGY

*Th. Doreleijers, B. Bijl, M-C van der Veldt, Vrije Universiteit Amsterdam  
respectively Netherlands Institute for Care and Welfare, Utrecht, Valeriusplein  
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**Objective:** In the Netherlands the police/public officer is obliged to inform the Council of Child Protection immediately after having arrested minors who are suspected of a major offence (20.000 new cases every year). An officer/social worker of the Council examines the youngster and his situation and advises the Juvenile Court whether or not to impose a diagnostic assessment, to suspend the preventive detention, and so on. In order to get standardised this assessment the Council recently has requested the researchers to develop an instrument with which arrested youths can be screened for psychopathology in a reliable way.

**Methods:** New analyses were carried out on the data of the 1995 prevalence study (Doreleijers) to isolate indicators for psychopathology. A questionnaire was designed and applied in 300 cases with double checks in 80 non-selected cases.

**Results:** The new instrument detects psychopathology in a fairly reliable way in juveniles who have been arrested. It will be applied in new research projects.

**Conclusion:** As juvenile delinquents who are brought before the Juvenile Court can be considered as suffering from psychopathology in 65% of the cases, it is appropriate to detect psychopathology in these youngsters at risk. A reliable instrument was developed to detect these disorders in order to provide the judicial authorities of information and in order to let professional assistance be organised by the Council of Child Protection.

## 56 ESTABLISHMENT OF LEVELS OF PSYCHOPATHOLOGY IN ADOLESCENT SECURE UNITS 58

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Little is known of the psychopathology of young offenders. Recent research findings indicate that this is a population at high risk, with increased rates of affective and psychotic disorders, substance abuse, suicidal acts, attention deficit and learning disabilities. Levels of violence seem to be highly correlated with psychotic symptomatology. In particular, the violence seen in conduct disorders and attention deficit disorders (Manuzza 1993). When these behaviours are an issue (and these are certainly common) then comorbidity of Axis 1 or Axis 2 diagnosis become more common (Brent et al 1993).

This study aims to quantify psychiatric morbidity in a population of adolescents kept in conditions of security where one would expect high levels of psychiatric morbidity.

Two of the largest secure units in the United Kingdom provided a sample of young people whose legal status fell broadly into four categories. The study aimed to quantify psychiatric morbidity, compare psychiatric problems within the groups, underlying the nature of psychiatric input necessary and discussion on service provision.

The study employed the child behaviour checklist (CBCL) and the youth self report form (YSR) to assist in the assessment of children's behavioural and emotional problems and competencies.

The preliminary statistical analysis showed elevated syndrome scales on the CBCL.

The preliminary study so far shows a small sample of young people in secure care identified as suffering from both conduct type problems and thought problems. It is unclear why there is a difference in the perception of thought problems between young people and their carers, particularly since there seems to be a good correlation between other scales of the CBCL and YSR.

The study will be extended to a wider population group to allow the comparison within the different legal diagnostic groups as applied within the UK.

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## Neuropsychology and delinquency in Flemish adolescents.

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**Introduction:** Many studies found empirical evidence of neuropsychological deficits in delinquent adolescents, mainly on verbal IQ and executive functions.

**Methods:** We investigated the occurrence of neuropsychological disorders in 66 adolescents who got in contact with juvenile court because of having committed a crime. Neuropsychological testing included the WISC-R or WAIS, Bourdon-Vos, Wisconsin card sorting test, VMI Beery, Rey complex figure, Rey 15 words and the Gibson spiral maze. A 2-year follow-up of this population will be performed in next months.

**Results:** The group as a whole had a near normal IQ. Multiple offenders had significant more problems with verbal tasks. The total population had problems with attention and concentration, mainly concerning the velocity of performance. On the Wisconsin card sorting test, 1/3 of the population showed scores below average concerning the categories found. The Gibson spiral maze showed a tendency towards more impulsivity in multiple offenders. A comparison of recidivist offenders at 2-year follow-up versus non-recidivists will be presented.

**Conclusion:** We found evidence for an information processing deficit on 1<sup>st</sup> verbal tasks and 2<sup>nd</sup> self-control skills. We think that neuropsychological assessment of adolescents who got in contact with juvenile court should be done on a regular basis.

## QUALITY OF CHILD FORENSIC DIAGNOSTIC ASSESSMENT

*N. Duits*

*Forensic Psychiatric Service Amsterdam*

**Objective:** What is the quality of (child) forensic diagnostic assessment in Holland and can it be improved?

Quality of forensic diagnostic assessments of young offenders will become an issue at stake in Holland. Forensic reports are used by several 'clients'; judge and professional people in social, mental health or correctional facilities. Forensic reports can have far reaching consequences for young offenders and their families, but economical and organisational consequences are also important. This is accentuated by reorganisations of the Dutch youth and health care systems with higher professional standards, need of treatment programs with standardisation of diagnostic assessment and need of forensic scientific research.

**Method:** With a quality management approach an organisational and qualitative analysis of (child) forensic assessment can be made. A qualitative analysis has several issues:

- 1: Necessity.
- 2: Fulfillment of need and aim of users.
- 3: Effectiveness.
- 4: Level of quality (following professional standards).
- 5: Efficiency.
- 6: User-directedness.

On this basis questionnaires and interviews have been developed in this project.

**Results:** A Dutch research design will be presented about qualitative analysis of (child) forensic diagnostic assessment.

**SYMPOSIUM****SY10****EFCAP-Symposium****BIOLOGICAL ASPECTS OF AGGRESSION****060 - 064****BIOLOGICAL ASPECTS OF AGGRESSION***Doreleijers, T.**Vrije Universiteit, Valerius Plein 18, Amsterdam, The Netherlands*

Interest in risk factors for impulsive behaviour and violence in children and adolescents has increased considerably in the recent past. Mechanisms by which aggressive behaviour is mediated have been sought. Biological mechanisms have been of particular interest all over the world, resulting in research in this field. Arousal and stress-regulation seem to play a role in impulsivity and aggression. These and other neurobiological findings may have considerable implications in terms of treatment. The aim of this symposium is to provide the opportunity to discuss these topics and discuss the results of recent research studies, in order to gain an improved understanding of biological aspects of impulsive and aggressive behaviour.

**BIOLOGICAL CONTRIBUTIONS TO ANTISOCIAL BEHAVIOUR****61***Adrian Raine, D.Phil, Professor in Psychology**University of Southern California, Department of Psychology, Los Angeles, CA 90089-1061, United States*

The past decade has witnessed a world-wide growth in interest in biological risk factors for violence. This paper outlines recent biological, cognitive, and temperamental findings on antisocial and aggressive behaviour in children and adolescents, emphasising the importance of prospective longitudinal research, intervention implications and interactions with psychosocial constructs. An English study shows that low physiological arousal at age 15 years predicts to criminal behaviour at age 29 years. Studies from both England and Denmark also show that particularly high arousal and classical conditionability act as biological protective factors against crime development. A prospective longitudinal study of 4,269 Danish infants shows that birth complications combine with early maternal rejection of the child at age 1 year predisposes to violent crime at age 18 years. Findings from a prospective longitudinal study on 1,795 children from the island of Mauritius replicate the arousal findings and also show that increased body size, stimulation-seeking, and fearlessness at age 3 years predisposes to aggressive behaviour at age 11 years in both males and females. Life-course persistent antisocials in Mauritius are characterised by spatial ability deficits at age 3 years, and both verbal and spatial ability deficits at age 11 years.

**60****62****HPA-axis functioning during stress: A comparison of children and normal controls***Herman van Engeland, Stephanie H.M. van Goozen, Walter Matthys, Peggy T. Cohen-Kettenis, Jan K. Buitelaar**Utrecht University, The Netherlands*

Stress-regulating mechanisms are important in explaining individual differences in antisocial behavior. We wanted to find out whether a pattern of HPA-axis underarousal is found in disruptive children under psychologically challenging procedures involving provocation and frustration. In two studies, in which the HPA-axis activity of ODD and normal control children was compared during nonstressful and stressful conditions, we found that cortisol levels in the ODD group were generally lower than those of the NC group. However, in the first study we found that cortisol increase due to stress was strongest in highly externalizing and highly anxious subjects, whereas the largest drop in cortisol was observed in those subjects who were high in externalizing behavior and low in anxiousness. In the second study we found that disruptive children showed a significantly weaker HPA stress response as measured by saliva cortisol and that the exposure to stress enlarged the difference in cortisol level between the ODD and the normal control group.

To summarize, the results of these studies on cortisol indicate that individuals who show persistent aggressive and antisocial behavior are characterised by a lower responsivity of the HPA-axis. The implications of these findings are discussed.

**MRI STUDY OF HIPPOCAMPAL SUBREGIONS AND PSYCHOPATHY***Olli Vaurio, Mikko Laakso, Jari Tiihonen**University of Kuopio, Niuvanniemi Hospital, Kuopio Finland*

Medial temporal lobe pathology has been suggested to underlie episodic dyscontrol in violent offenders. Yet, so far, no sound evidence of neuroanatomical correlates have been found for violent or psychopathic behavior. In this study regional hippocampal volumes were measured using magnetic resonance imaging in 18 antisocial (type 2) alcoholics with habitually violent and antisocial behavior. In these subjects the degree of psychopathy was evaluated by the Psychopathy Checklist-Revised (PCL-R). Seventeen late onset (type 1) non-violent alcoholics and 32 healthy subjects served as controls. The violent type 2 alcoholics had significantly smaller volumes in the antero-medial portion of the hippocampus when compared to controls and type 1 alcoholics on both sides. Strong negative correlations were observed among violent offenders between PCL-R scores and regional volumes in the medial and posterior hippocampi, with these regional deficits explaining up to 56% of the variance in the severity of psychopathy. These data suggest strictly defined regions within the hippocampi that correlate with a degree of psychopathy in habitually violent offenders.

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**SYMPOSIUM**

SY11

***WPA-Symposium*****EARLY-ONSET AND CHILDHOOD SCHIZOPHRENIA**

065 - 069

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**NEUROBIOLOGY OF IMPULSIVE AGGRESSION***Dr. Mairead Dolan**Mental Health Services of Salford, Manchester, United Kingdom*

To evaluate central 5-HT function in relation to impulsivity, aggression and fronto-temporal function, prolactin responses to challenge with d-Fenfluramine (30mg) were examined in personality disordered offenders (51 psychopaths and 9 non-psychopaths) and 27 healthy controls. Subjects received MRI scans to exclude gross pathology and a subgroup had frontal and temporal volumetric analyses performed on the scan data.

Compared with controls, impulsive/aggressive offenders were impaired on some measures of frontal, but not temporal, lobe function. They also had lower 5-HT function, lower prechallenge cortisol levels, and higher testosterone than controls. Non-psychopathic offenders (low impulsivity) had increased 5-HT and normal frontal function.

Independent inverse correlations between impulsivity and 5-HT function, and between impulsivity and frontal function were observed. Although it is difficult to separate out, in this population, correlations were principally with impulsivity rather than with aggression. No relationship between neurocognitive performance, frontal or temporal volume and 5-HT was observed. The findings suggest that impaired 5-HT function interacts with impaired frontal lobe function to predict impulsivity.

**PSYCHOPATHOLOGICAL PROFILE OF ADOLESCENT SCHIZOPHRENIC INPATIENTS***A. Apter**Section on Child and Adolescent Psychiatry, Sackler School of Medicine, University of Tel Aviv*

**Objective:** To describe the psychopathological profile of patients with Schizophrenia admitted to an adolescent unit.

**Methods:** Consecutive admissions to an adolescent psychiatric unit were assessed over a period of two years. 118 were diagnosed with schizophrenia, 40 with OCD, 53 had an affective disorder, 81 had a borderline personality disorder, 50 had an eating disorder. 85 healthy age matched adolescents from the community were used as a control group. The assessment used included: Demographics, the Suicide Potential Interview, WISC-R, Overt Aggression Scale, Beck Depression Scale and measures of Ego defenses.

**Results:** The schizophrenic patients had relatively high levels of depression and suicidal behavior compared to the other patients and very much higher than normal controls.

**Conclusions:** Depression and suicidality are important components of schizophrenic illness in adolescence and need to be addressed by the treatment team.

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**CLOZAPINE IN THE TREATMENT OF CHILDHOOD SCHIZOPHRENIA**

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**Objective:** To evaluate the efficacy of Clozapine treatment of Children with Early onset Schizophrenia**Methods:** Eleven prepubertal children with schizophrenia were admitted to the trial. All had failed to respond to standard neuroleptic treatment. The trial was open label and lasted 16 weeks. Assessments were with the Brief Psychiatric Rating Scale, the Positive and Negative Symptom Scale and the Clinical Global Impression.**Results:** There was a significant reduction of symptoms especially positive ones. The average optimum dose was 227 mg/day. Somnolence and drooling were the most frequent side effect. No case of agranulocytosis was noted.**Conclusions:** Clozapine is a relatively useful and safe medication for children with schizophrenia at least in the short term.**66 LONG-TERM COURSE OF CHILDHOOD - ONSET SCHIZOPHRENIA 68**H. Remschmidt<sup>1</sup>, M. Martin<sup>1</sup>, C. Fleischhaker<sup>2</sup>, K. Hennighausen<sup>2</sup>, C. Gutenbrunner<sup>1</sup>, E. Schulz<sup>2</sup><sup>1</sup> Department of Child and Adolescent Psychiatry, Philipps-University of Marburg, D-35033 Marburg, Germany<sup>2</sup> Department of Child and Adolescent Psychiatry, Albert-Ludwigs-University of Freiburg, D-79104 Freiburg, Germany**Objective:** The outcome of early onset schizophrenia seems to be poor. The paper reports on a 42-year follow-up study of a sample of 76 patients who were consecutively admitted between 1920 and 1961 with a suspected diagnosis of childhood-onset schizophrenia.**Methods:** The age at onset of the patients ranged from 5 to 14 years. By means of a diagnostic consensus rating the diagnosis of schizophrenia could be confirmed in only 50 % (N=38) of the total sample. Follow-up investigation involved interviewing all available patients, and if possible, their first-degree relatives and/or their doctors.**Results:** This report concentrates mainly on results concerning the outcome of the schizophrenia subsample. The overall outcome was poor. According to the Global Assessment Scale (GAS) a fairly good outcome was found in only six patients (16 %) in contrast to those with poor (60 %) and moderate (24 %) outcome. The death rate comprising all causes of death including suicide was significantly higher in the schizophrenia subsample compared to the rest. All indicators of social integration (school career, professional career, employment, family situation) also demonstrated very poor outcome. With regard to psychopathology high scores of negative symptoms and depression were found.**Conclusions:** The very poor outcome of these patients should be a stimulus for early detection and for the development of intensive treatment programmes.

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**INPATIENT TREATMENT OF PSYCHOTIC ADOLESCENTS WITH OLANZAPINE - EFFICACY AND SAFETY RESULTS**R.W. Dittmann<sup>1,2</sup>, J. Junghans<sup>3</sup><sup>1</sup> Psychosom. Dept., Children's Hospital, Univ. of Hamburg;<sup>2</sup> Med. Dept., CNS, Lilly Deutschland GmbH, D-61343 Bad Homburg;<sup>3</sup> Dept. of Child & Adol., Josefinum, D-86154 Augsburg, Germany**Introduction:** Olanzapine is an 'atypical' antipsychotic with affinity to D<sub>2</sub>-, 5-HT<sub>2</sub>-, and more receptors. Efficacy and safety, e.g., a low EPS rate, had been demonstrated prior to regulatory approval (1996). Thus, the compound has been used for psychotic adolescents, although not indicated for that age.**Methods:** We report on N=24 psychotic adolescent inpatients treated at one C & A psychiatry dep.. Data were based on a systematic retrospective chart review and on a careful documentation system. EEG, ECG, and laboratory results were collected. Subgroup analyses were performed.**Results:** Mean age: 17.2 ± 1.5 y. (13 - 19.5 y.), 71 % male pats. 45.8 %: 'paranoid schizophrenia' (ICD: F20.0), 20.8 %: various subtypes (F20.x); one third: other psychotic disorders. 50 %: first episodes. Mean inpatient treatment duration: 93.2 ± 77.2 d. (27 - 362 d.). Mean maximum dosages: 16.8 ± 4.5 mg/d (10 - 30 mg/d), at discharge: 12.9 ± 4.6 mg/d. Rating similar to 'CGI Improvement': 8.3 % 'very much improved', 75.0 % 'much improved', 12.5 % 'minimally improved'; only one pat. (4.2 %): 'worsening' of 'symptomatology'. Olanzapine was stopped early in 8.3 % ('lack of drug effect/ worsening'; 'weight gain'). No major adverse events (AEs), e.g., no pat. needed anticholinergics because of EPS.**Conclusions:** Based on these findings, Olanzapine was considered very effective and well-tolerated, also for this young population. Additionally, based on clinical impression, onset of action was perceived as 'fast', and good compliance appeared to be supported by once-daily dosing and low AE rates.**LONG-TERM COURSE OF ADOLESCENT SCHIZOPHRENIA**E. Schulz<sup>1</sup>, C. Fleischhaker<sup>1</sup>, K. Tepper<sup>2</sup>, H. Remschmidt<sup>2</sup><sup>1</sup> Department of Child and Adolescent Psychiatry, Albert-Ludwigs-University of Freiburg, D-79104 Freiburg, Germany<sup>2</sup> Department of Child and Adolescent Psychiatry, Philipps-University of Marburg, D-35033 Marburg, Germany**Introduction:** The aims of our study were to investigate premorbid functioning, course and outcome in early-onset schizophrenia.**Methods:** The study included all inpatients with DSM-III-R schizophrenia (n=101) consecutively admitted to our department between 1983 and 1988. To assess premorbid adaptation and precursor symptoms of schizophrenia, we administered the Instrument for the Retrospective Assessment of the Onset of Schizophrenia (IRAOS). This instrument was modified by our group for investigating children and adolescents and their relatives. SANS, SAPS and BPRS were employed to measure symptomatology. Additionally, the Global Assessment of Functioning (GAF) was made on 6-point rating scale.**Results:** After a mean duration of schizophrenia of 9.5 yrs (± 2.2 yrs; range 4-14 yrs), out of the study group, 81 patients (80.2%; 45 males, 36 females) could be investigated. Out of the remaining 20 patients, 3 could not be traced, 6 (5.2%) committed suicide, and 11 patients (10.9%) refused to participate. Assessment of the highest level of adaptive functioning revealed outcome as following: very good and good (19.8%), fair and poor (38.2%) and very poor and grossly impaired (42%).**Conclusions:** As to outcome, schizophrenic psychoses with early manifestation have a poor prognosis. Course and outcome are influenced by the patients' premorbid personality. A poor prognosis can be found in patients with premorbid developmental delays, and in patients who were introverted and withdrawn before the beginning of their psychotic state. In the development of preventive measures more attention to premorbid features is essential.

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**SYMPOSIUM**

SY12

**CHILD AND ADOLESCENT PSYCHIATRY  
WITHIN PEDIATRICS**

070 - 076

**CHILD PSYCHIATRY WITHIN PEDIATRICS**R. Frank<sup>1</sup> E. Garralda<sup>2</sup>

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Psychiatric problems encountered in the context of pediatric hospitals differ from problems in child and adolescent psychiatric services. Though different models of cooperation work successful, some child psychiatrist working in or at pediatric hospitals feel isolated. In Germany a working group of child psychiatrists in pediatrics meets regularly. Exchange of ideas, concepts or strategies is encouraging and stimulating. At the last ESCAP conference in Utrecht in 1995 a joint pediatric liaison meeting was held, organised by Dutch colleagues.

The purpose of the symposium is to bring together views from different European countries on consultation/liaison concerning structures, type of organisation, components of assessment and intervention.

**Organisation of psychosocial consultation to pediatrics in the Netherlands**

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Although there is wide experience with psychosocial consultation to pediatrics in many countries, uniform guidelines about organization of consultation services and the practice of the consultative work are lacking. There may be several causes for this situation. First, many consultation services are staffed by a very limited number of professionals, who are often working in a rather isolated position. Very often the organization of the consultation service is dependent of local aspects or even the interest of a few pediatricians. To obtain more insight in the way consultation services are organized in the Netherlands, a survey was performed in which most consultation services were approached. In this survey questions were asked about organization, number of staff, disciplines involved, and problems which are encountered in the organization or in the cooperation with pediatric departments. The results of this survey will be discussed and attention will be paid to possible models for the organization of consultation services and for the consultation process.

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**CONSULTATION - A TEN YEARS EXPERIENCE**

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**Objective:** To describe problems encountered in a consultation service form child and adolescent psychiatry in a pediatric hospital.

**Method:** Retrospective analysis of data from about 1000 children seen on consultation. Besides basic data such as age and sex of children items concerning areas of problems, type of communication and cooperation were documented.

**Results:** Consultation takes place on different stages. There is a broad variety of problems encountered. Major domains are longterm problems such as coping with chronic diseases, somatizing disorders and acute conditions such as child abuse or attempted suicide. Videodocumentation is a very useful tool for patient - oriented services, for teaching and for research purposes.

**Conclusion:** Preconditions for good functioning of a consultation/liaison service are a clear organisational structure, close contact between pediatricians and child and adolescent psychiatrists, including mutual knowledge and acknowledgement of the own and other profession. There is a need for instruments to describe the behavior of children especially in young age groups and the behavior of parents and a need to develop and evaluate intervention concepts.

## DEVELOPMENT AND EVALUATION OF AN INTERVENTION PROGRAM IN LIAISON PSYCHIATRY

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**Objective:** In the last decade liaison child psychiatry concepts have become more important in pediatric hospitals. At the University Children's Hospital Zurich such concepts have also been developed in different disciplines (e.g. pediatric oncology, pediatric burn center). The purpose of this paper is the description of the development and evaluation of a treatment-accompanied psychosocial intervention program in pediatric oncology.

**Methods:** The intervention program was evaluated by use of a questionnaire, which was filled out by the parents of the children. 76 families participated in the study.

**Results:** The intervention program was well accepted by the families and it could be shown that the psychosocial treatment has a positive effect on intrafamilial communication and psychosocial adaptation of the patient.

**Conclusions:** Our results emphasize the importance of adequate liaison psychiatry concepts in the modern treatment of severely ill children. Development and evaluation of psychosocial intervention programs should be considered in other pediatric disciplines.

## LIAISON PSYCHIATRY OR MEDICAL PSYCHOLOGY ? ABOUT A STUDY ON DIABETIC CHILDREN

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**Objective:** Liaison psychiatry raises a number of questions which need to be answered. One of these questions is : when paediatricians want contact with child psychiatrists, what do they exactly want ? The purpose of this paper is to examine this problem from data stemmed from a study on diabetic children.

**Methods:** For the paediatricians, diabetes, a disease difficult to live and to conceive, entails in children specific difficulties or disorders. From this point of view, a study was conducted on how diabetic children themselves perceive their condition. 50 diabetic children, 27 boys and 23 girls, aged 6 to 16 years were interviewed by means of a questionnaire.

**Results:** Analysis of results shows that the diabetic children's perceptions of their disease and its treatment contrast with the scheme of medical education usually proposed by the paediatricians to the diabetics. More particularly, many of the diabetic children say that they know their disease better than their parents and doctors do, suggesting that some other factors must be taken into consideration.

**Conclusions:** Paediatricians' requests often show a lack of knowledge of the illness psychosocial aspects. They often reveal their own anxiety and their own difficulties in the interpersonal transaction with the patient. Is it the role of liaison child psychiatrists to come up to these expectations ? And if it is, how to do that ?

- 73 Coping with the Trauma – Social Reintegration after Acquired Brain Injury  
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Suffering from severe injury of the central nervous system in any case is a severe crash in the life of a young person and his/her social environment. Coping with this trauma primarily means to resume the dialogical relationship to environment and to tackle with the changes of self-assessment in relation to environment. In connection with childhood and adolescence this (inside) process and its (outside) aim of social reintegration is to be regarded as a big challenge for the family. This process is basically independent of the concrete somatic neuro-rehabilitative outcome even if the degree of residual symptoms is an important fact.

We report about the follow-up results of 50 patients (aged 1 – 17 years ), admitted to our department for further neurorehabilitation after severe brain injury. On admission about 70% of the patients were in a minimal responsive state (coma or near-coma state). Proportionate to the group of patients, the incidence of severe functional impairment was rather high on discharge (merely 21% had GOS 7 – 8), the degree of social integration was good. We want to discuss the strategy of treatment and setting for coping with the trauma , the methodical and dynamic problems as well as the results of the follow-up study.

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## PSYCHOSOCIAL IMPACT OF PACEMAKERS IN CHILDREN AND ADOLESCENTS

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The objective of this study is to evaluate the psychological impact of the implantation of pacemakers in children and adolescents of the Pediatric Cardiology Service – Hospital de Santa Marta, Lisbon.

The sample consists of 10 children and adolescents, aged between 4 and 16 years old, 8 girls and 2 boys. The instruments used with the children and adolescents were the Self-Perception Profile for Children (Hartner S., 1985), the Draw-a-Person Test and a clinical assessment including a semi-structured interview stressing the heart disease and the pacemaker, trying to identify what they know objectively and what they feel subjectively about it. With parents it was also performed a semi-structured interview comprehending the following areas: objective information about the heart disease and the pacemaker, reactions to the disease diagnosis and its evolution, present and future worries, family life changes and relationship between families and health professionals. Parents were also requested to fill the Child Behavior Checklist (Achenbach, T.M., Edelbrock, C., 1983).

The most ansiogenic and troubling factor, both to the families and the children/adolescents, seems to be the stress of the severe heart disease, with several hospitalizations and surgical procedures, and the life risk for the child at an early age, breaking out a massive anguish of death, mostly in parents. Given the exploratory characteristics of this investigation, this hypothesis can not be confirmed without a further comparative study.

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**SYMPOSIUM**

SY13

**EEG IN CHILDREN WITH EXTERNALIZING DISORDERS**

077 - 082

**Cue P300 reduction in children with attention deficits: a manifestation of impaired orienting**

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**Objectives:** A cued continuous performance test (CPT A-X) was used to probe both preparatory- and target processing in children with attention deficits (ADD). Source estimation assessed the role of the frontal lobes. A cross-laboratory comparison was made on the basis of the same task. **Methods:** In this study ADD (N=11) and matched control children (N=9) performed the cued (CPT A-X) at mean ages of 10.9 and 11.2 years. Topographical maps ('microstates') were derived. Qualitative and quantitative differences between Groups and/or stimulus type were tested. Sources were estimated by LORETA (low resolution electromagnetic tomography).

**Results:** ADD responses to cues were attenuated in an early CNV/P300 microstate. Posterior rather than frontal sources were estimated for this Group difference. Similar results were obtained in Zurich and Utrecht. **Conclusions:** Reduced activity in response to the cue indicated impaired orienting in ADD. Sources found argue against frontal lobe involvement. The orienting deficit is present in sub-clinical ADD (Zurich) and clinical ADHD (Utrecht).

**Development and tomography of cue P300 reduction in ADHD**

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**Objectives:** The attenuated P300 of the event-related potential (ERP) to cues in ADHD (van Leeuwen et al 1998) implicates deficits in orienting or engaging attention rather than in inhibitory response control. We relate this processing deficit to posterior and frontal attention systems, and to developmental lag models of ADHD.

**Methods:** In a longitudinal ERP mapping study ADHD (N=12) and matched control children (N=11) performed the cued continuous performance test (CPT A-X) at mean ages of 11 and 12.2 years. Group and time effects on the cue P300 were tested statistically using map features and source activity (low resolution electromagnetic tomography, LORETA).

**Results:** Cue P300 maps were stronger in the first assessment but weaker in ADHD children (both assessments). LORETA region-of-interest analysis indicated that posterior activity was stronger than frontal activity, but revealed no pattern of focal posterior hypoactivation.

**Conclusions:** The opposite effects of young age and ADHD directly contradict the developmental lag hypothesis. Cues mainly activated posterior regions, but the pattern of hypoactivation in ADHD suggested parallel distributed deficits in an attentional network. The results illustrate that neuroelectric imaging of brief cognitive functions is critical for understanding psychopathology.

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**EFFECTS OF DOPAMINERGIC AND NORADRENERGIC DRUGS ON INHIBITORY CONTROL OF ADHD-CHILDREN IN THE STOP SIGNAL TASK**

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**Objective:** In an earlier study we found that ADHDs performed worse than normal controls on inhibition performance in the stop signal task. In the present study we investigated the relative contributions of the noradrenergic and dopaminergic transmitter systems to such an effect.

**Methods:** Sixteen ADHD-children (mean age 10.4 years) performed an inhibition task, using stop signals in a choice RT task under four different drug conditions in a double blind randomized within-subject design. Each child received methylphenidate (MPH), desipramine (DES), L-DOPA (DOP) and placebo (PL).

**Results:** Inhibition performance was improved under DES, but not under MPH or DOP (relative to PL). Plasma prolactin decreased under DOP and MPH, but increased under DES relative to PL.

**Conclusion:** Despite the emphasis in the literature on the involvement of dopamine dysfunction in ADHD, the present data make it unlikely that such a dysfunction underlies the inhibition deficits of ADHD children. Noradrenergic mechanisms might be implicated, but, as one possible explanation for the increase in prolactin levels under DES is the increase in serotonergic activity, the involvement of serotonin in the improvement of inhibition performance cannot be ruled out.

# **Auditory ERPs in ADHD children and in normal development: a question of right hemisphere maturation?**

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**Introduction:** Tomographic studies suggest a (differential) disturbance on the fronto-striatal axis for children with attention-deficit/hyperactivity (AD) and Tourette syndrome (TS). Event-related potential (ERP) studies confirm a frequent right-sided bias. Neuropsychological reports point to poor attention- and executive-related, right fronto-striatal function<sup>1,2</sup>

**Methods:** Topographic ERPs elicited by 3 tones are presented for 12 ADHD, 10 TS and 12 healthy children (mean ages 10y) in the context of the normal development of ERPs across 4 age-groups (n=11 each: means of 10, 14, 17 & 21 y). Only 5 TS subjects were on medication.

**Results:** Normally, for N1 and N2 components there are right to left, and for P1 and P2 components changes on the antero-posterior axis at the onset of and in mid-adolescence. All peak latencies, including the P3, decrease at different stages. Reports of decreased N1/N2<sup>3</sup> may be reflected in our finding of a left-sided mismatch negativity in AD children. The apparent right-sided impairment was also reflected in AD P3 topography. TS children showed diffusely distributed excitatory components but shared a large P2 with AD children.

**Conclusions:** ERPs reflect a development through 'Improved selective aspects of perception', 'Maturation of functional topography to "Better cognitive efficiency"'. Impairments in AD children reflect the change from the first to the second of these.

1. Oades, R. D., 1998, *Behav. Brain Res.*, 94, 83-95.
2. Barkley, R. A., 1997, *Psychol. Bull.*, 121, 65-94.
3. Satterfield, J. H., 1988, *Psychophysiol.*, 25, 591-606.
4. Oades, R. D., 1997, *Psychophysiol.*, 34, 677-693.

# **80 ANALYSIS OF EEG FINDINGS IN CHILDREN WITH 82 ADHD**

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In still insufficiently known etiology of ADHD, there are numerous factors mentioned, especially the ones that indicate the problems of maturation, mainly maturation of frontal lobe.

**Sample:** We have analyzed EEG findings of children with ADHD. Sample was made of 80 children (30 girls and 50 boys) that have been treated in our hospital for ADHD in the period 1997-1998.

**Methods:** Every child, beside psychiatric, psychological examination and examination of special educator, did EEG test with Fs and Hv.

**Goal:** Goal was to establish whether children with ADHD has statistically different changes in their EEG findings and whether those changes are specific and indicate location of disorder.

For more than 30 years numerous studies were conducted that tried to establish specific changes in EEG findings that could be connected with ADHD syndrome. Most of the recent studies show the immaturity of EEG in relation to age, and some authors find the changes more often in the area of frontal cortex.

Analysis of EEG findings in our sample show that EEG is more often significantly changed in relation to EEG findings of healthy population. The changes were mostly slower maturation and disrhythmia of fronta temporal.

**Conclusion:** EEG is more often significantly changed in children with ADHD than in healthy population. Changes are not specific. EEG findings can be only one of many parameters that can help explain the diagnosis of ADHD syndrome.

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# **ATYPICAL FRONTAL BRAIN ACTIVATION IN HYPERACTIVE AND OPPOSITIONAL BOYS AND GIRLS**

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**Objective:** To investigate patterns of frontal brain activation in unmedicated pre-school and elementary school boys and girls with attention-deficit/hyperactivity disorder (ADHD) and oppositional defiant disorder (ODD).

**Methods:** Baseline EEG activity of 167 children (47 ADHD, 50 ODD, 70 healthy control children) was subjected to power spectral analysis, and laterality scores were determined for the lower alpha frequency range (8-10 Hz).

**Results:** ADHD boys and ODD boys exhibited lower right frontal brain activity than healthy boys. Girls with ADHD and girls with ODD displayed lower left frontal activity, compared to healthy girls. These findings applied to children at both 4½ and 8 years of age. There was no difference between children with ADHD and children with ADHD plus oppositional defiant disorder.

**Conclusions:** The same atypical pattern of frontal brain activation was found in ADHD and oppositional children, as young as 4½ years, as well as in school children. This frontal activation pattern could be related to problems in the development of regulation. For ADHD boys, the results are in line with MRI studies indicating compromised right frontal brain circuits. The reciprocal pattern of EEG activation in boys and girls stresses the importance of gender-specific analyses.



**SYMPOSIUM**

SY14

**PSYCHOANALYTIC PSYCHOTHERAPY FOR CHILDREN**

083 - 087

**PSYCHOANALYTIC PSYCHOTHERAPY FOR CHILDREN**

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In this symposium some issues related to the clinical practice and Research, regarding the individual psychoanalytic psychotherapy for children will be discussed. Also the importance of the psychoanalytic psychotherapy for children as one of the methods of treatment of disturbed children and adolescents applied in child psychiatry will be briefly presented. The psychoanalytic psychotherapists' approach to assessment, locating it in the context of multidisciplinary team work will be presented. The aims of this approach are to elucidate the special contribution of an understanding of the child's internal world and to link this with the most effective use of scarce psychotherapy resources. Special attention is also given to placing individual assessment of a child within a family and wider social context. The combined use of jointed parents-baby therapies and individual therapies with very young children will be presented. Two main questions will be discussed: first of all the way and the criteria of passing from a jointed therapy to an individual therapy of the child, and secondly the conditions of a simultaneous management of the two settings. The recognition of the countertransference as a ubiquitous factor in this treatment is now well accepted. It is also widely recognized that countertransference is a very useful tool in understanding the patient, not just as a facility instrument but as an essential component in the progress of the therapeutic process. Countertransference is also a useful tool in the diagnostic and assessment work of the child psychiatrist. The efficacy of psychoanalytic psychotherapy or psychoanalytic treatment with different types of psychopathology will be discussed. The results of outcome studies related to the efficacy of non-intensive (once to a week) versus, intensive (four-five times a week) with different types of psychopathology (neurotic children, children with complex psychosocial issues), will also be presented. The group of children with complex psychopathology was less likely to gain clinically significant change from non-intensive treatment whereas intensive treatment was remarkably effective for some children with severe, long-standing and complex psycho-social problems.

**JOINTED THERAPIES PARENTS-BABY AND/OR INDIVIDUAL CHILD PSYCHOTHERAPY**

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The author intends to underline technics and theories about the combined use of jointed parents-baby therapies and individual therapies with very young children.

After a short review of the history of jointed therapies (from D.W. Winnicott to B. Cramer and F. Palacio-Espasa via A. Doumic, D. Daws, R. Debray et S. Lebovici), two main questions will be discussed: first of all the way and the criteria of passing from a joint therapy to an individual therapy of the child, and secondly the conditions of a simultaneous management of the two settings.

This discussion will allow to point out the different indications of these therapeutic approaches and the importance of working on the counter-transference whatever is the frame chosen.

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**PSYCHOTHERAPEUTIC ASSESSMENT OF CHILDREN. WHERE DO WE START FROM AND WHAT ARE WE AIMING AT?**

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This paper will describe psychoanalytic psychotherapist's approach to assessment, locating it in the context of multidisciplinary team work. It aims to elucidate the special contribution of an understanding of the child's internal world and link this with the most effective use of scarce psychotherapy resources.

The theoretical paradigm for psychoanalytically-based assessment will be described. The technical use that can be made of transference and countertransference phenomena within the brief frame of assessment will be discussed, and contrasted with methods of work in long-term therapy.

Special attention will be paid to placing individual assessment of a child within a family and wider social context. Clinical examples will include children growing up in various different kinds of family and the cases will provide instances of assessment as a brief intervention and assessment as a precursor to long-term treatment of diverse types.

'What we aim at' is taken to refer both to the therapeutic potential of the assessment in its own right and to the idea that we must assess children's psychological functioning within a developmental framework. Any intervention recommended therefore needs to relate to the potential for development explored in the assessment interviews and will depend on the motivation for change in both child and family.

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## THE EFFICACY OF PSYCHOANALYTICAL TREATMENT WITH DIFFERENT TYPES OF PSYCHOPATHOLOGY

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Recent outcome studies (Fonagy and Target) carried out at the Anna Freud Center, London, have revealed some interesting but also surprising results. Over 80% of the neurotic children with an emotional disorder showed reliable improvement. Surprisingly, however, they were as likely to benefit from non-intensive therapy (one or two sessions per week) as from intensive treatment (four or five sessions per week). Even more children with severe, long-standing and complex psycho-social problems. This group of children with a complex psychopathology was less likely to gain clinically significant change from non-intensive treatment. Indeed, nearly 60% showed negative outcomes following once or twice weekly treatment.

The paper then attempts to interpret these findings, to suggest reasons for the differences found in the study and to consider the consequences as regards the indication for the kind of therapy most likely to be beneficial. In this context, the capacity for "mentalization" or "reflective functioning" will be given special attention and elaborated. The implications for technique will be discussed

## SYMPOSIUM

SY15

### ATTENTION DEFICIT DISORDER IN CHILD, ADOLESCENT AND ADULT

088 - 094

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## COUNTERTRANSFERENCE ISSUES IN THE PSYCHOANALYTIC PSYCHOTHERAPY WITH CHILDREN

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In this presentation issues related to the significance and the central position of the countertransference in dealing with therapeutic problems in the psychoanalytic psychotherapy with children and also in the therapists understanding and effectiveness of therapeutic intervention will be discussed. The recognition of the countertransference as a ubiquitous factor in this treatment is now well accepted. It is also widely recognized that countertransference is a very useful tool in understanding the patient, not just as a facility instrument but as an essential component in the progress of the therapeutic process.

Three main types of countertransference phenomena are discerned, in terms of their source:

- a variety of countertransference feelings evoked by the child according to his stage of development and specific psychopathology
- countertransference feelings evoked by parents in relation to the child and the therapist
- countertransference feelings evoked by the therapist herself.

The implications of the countertransference phenomena in terms of their source in treatment and management of the child will also be discussed.

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### ATTENTION DEFICIT DISORDER IN CHILDREN, ADOLESCENTS AND ADULTS

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Attention deficit is a common symptom encountered among those children and adolescents treated by child and adolescent psychiatrists. Whilst attention deficit hyperactivity disorder (ADHD) is common among children, it is not the only disorder in which the symptom attention deficit occurs. The symposium focusses on topics including adults and ADHD, an attention deficit scale for adults, deficits of attention and memory in adolescents with substance abuse, juvenile myotonic dystrophy and ADHD, methods of assessing attention deficit in children using EEG, and family psychodynamics of ADHD. Thus, a wide range of topics concerning attention deficit will be covered.

# The "Attention Deficit Scale for Adults" – first results of a German version

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**Objective:** Only a few German studies exist about the diagnosis of attention deficit disorder (ADD and ADHD) in adults. Based on American studies we presume that ADD/ADHD will gain more interest among German psychiatrists in the near future. Therefore specific instruments for diagnosis and research projects are needed.

**Method:** After the translation and re-translation of the "Attention Deficit Scale for Adults" (by James Triolio) two samples were examined:

1. Mothers and fathers (n=40) of children with ADD/ADHD (genetic disposition for ADD/ADHD has been shown in former investigations),
2. Control-group: Adults without children with ADD/ADHD (parallised by sex and age).

**Results:** First results show a good statistical fitness of the ADSA (German version), i. e. reliability (Cronbachs alpha)  $r=0,80$ . More results will be represented.

# 89 Pre- or postmorbidity deficits of attention and memory in adolescents with substance abuse

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**Objective:** Substance abuse in adolescence increased in the last few years often combined with psychiatric disorders. Deficits in memory and attention were also often described by patients. Only a few studies exist to examine if these deficits are caused by drug consumption.

**Method:** We have now a pilot study with 20 adolescent inpatients (male, age 14 to 20 years) with substance abuse. For this purpose we address:

- 1) capture the drug consume,
- 2) the part "GDT" from the "Wilde-Intelligenz-Test" (memory),
- 3) Trail Making Test,
- 4) "Aufmerksamkeits- und Belastungstest – d2" (attention)

**Results:** First results of this study will be presented.

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# Recent EEG approaches for measuring attention disorders

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**Objective:** Several studies have attempted to elucidate the brain mechanisms in ADHD by measuring event-related EEG potentials. These studies have provided ambiguous results that appear to have limited value for understanding ADHD. The question, therefore, is whether this cognitive-electrophysiological approach can be improved. We assume that the task most often used, the CPT, does not tap precisely the ADHD core deficit, and that furthermore the component most often measured, the P3, is too unspecific. The present contribution gives an overview over some recent alternative developments.

**Method:** Basic and clinical electrophysiological research is reviewed for tasks that measure different aspects of attention and of attention disorder.

**Results:** Electrophysiological measures sensitive to attentional shifts are among others the Processing Negativity (as well as the "chaotic" correlation dimension) in auditory selective attention tasks, a frontal positivity in stop-signal tasks, and posterior contra-ipsilateral differences in visual selective-attention tasks.

**Discussion:** These tasks and measurements appear to be promising for application in ADHD research.

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# Adults and ADHD: A case report

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**Objective:** We know that the persistence of ADD/ADHD is a great difficulty. Getting 18 years often the deficit in attention and the impulsivity is still running. The deficits are the same, but the problems are often new: Getting a good job is one of the great problem for the adult with ADD/ADD.

**Method:** In a case study a now 18 year old boy with ADHD is reporting his specified problems getting older with his disorder.

**Results:** In Germany the problem with the adult ADD/ADHD is not enough in the mind of psychiatrist, psychologist and the job centres.

**Discussion:** More information of the persistence of the ADD/ADHD and the specific problems is necessary needed.

**JUVENILE MYOTONIC DYSTROPHY (STEINERT) AND ADHD**

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**Objective:** To assess the learning difficulties and behaviour problems in Juvenile Myotonic Dystrophy (Steinert's Disease). Juvenile Myotonic Dystrophy (JMD), is a form of Myotonic Dystrophy, one of the more common hereditary muscle diseases. In most individuals with JMD the learning and behaviour problems occur years before muscle weakness, and the diagnosis of JMD is made only years later.

**Methods:** We assessed 24 subjects between 8 and 18 years with JMD, all non-clinical relatives of patients with more severe forms of Steinert's disease. We assessed:

- 1) Behaviour problems (Achenbach's CBCL);
- 2) Child psychiatric problems (DICA);
- 3) Learning difficulties (school questionnaire);
- 4) Cognitive functioning: intelligence, attention, vigilance.

**Results:** The tested children with JMD have an average intelligence between -1 and -2 SD of the population mean. Eight of the 24 subjects fulfill all the criteria for ADHD, and 3 other subjects fulfill all the criteria for ADHD apart from the « age of first symptoms » criterium. Most subjects showed problems in attention and/or vigilance. The learning and behaviour problems are progressive.

**Conclusion:** Though Juvenile Myotonic Dystrophy is statistically not a common cause of ADHD, attention should be paid to JMD when children who present with ADHD have a family history of muscle disease.

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**SYMPOSIUM**

SY16

**SOME ASPECTS OF DEPRESSION DURING ADOLESCENCE**

095 - 100

94

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**Family psychodynamics and Attention-Deficit/Hyperactivity Disorder (ADHD): a hypothesis for better conditions of pedopsychiatric treatment**

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**Objective:** Many authors look for the causes of ADHD in a brain or organic dysfunction. We hypothesise that the psychodynamic approach to the sick child family could ameliorate the intrafamily climate by relieving the traumatic effects of the child's disorder on parents and hence create the atmosphere for better treatment of ADHD child.

**Methods:** The analysis of the relation between parents and ADHD child, was undertaken through the almost ten years longitudinal study of a girl from her six year of life till actual 15 years of age. The observation of intrafamily dynamics whose first child the three years younger boy died from Rett's syndrome shows that the origin of this disorder could be sought as contaminated by the anxiety raised because of early traumatic events of both parents. The quantitative method was combined with the clinical approach.

**Results:** The clinical approach brings out the ADHD child's role as a stabiliser of the family balance which operates in the background of the conjugal problems the parental couple go through.

**Conclusion:** Our findings have shown that concomitant consolidation of marital partners relationship through the family psychodynamic approach could afford better emotional condition for improving the mental functioning of the child affected by ADHD.

**TREATMENT OF DEPRESSION IN YOUNG PEOPLE**

Harrington, R.C. University Department of Child Psychiatry, Manchester Royal Children's Hospital Manchester (Great Britain)

Historically, depressive disorders in adolescence have been conceptualised as variants of the non-specific class of childhood emotional disorder. Over the past decade, however, the field has shifted towards greater diagnostic refinement. Research evidence has shown that severe depressive disorders differ from other mental disorders in this age group in their epidemiology, outcome and correlates. Treatment therefore includes not only general techniques of clinical management, but also a variety of treatments targeted on the symptoms of depressive disorder. Several different kinds of psychological treatment now exist for depression in adolescent. Probably the best studied is cognitive-behaviour therapy (CBT), which seems to be effective in around two-thirds of cases. However, CBT has never been studied in adolescents with severe major depression. Psychopharmacological treatments of adolescent depression include the tricyclics, the serotonin-selective uptake-inhibitors, and some of the newer antidepressants.

Randomised trials have consistently failed to find significant differences between tricyclics and placebo. However, there have been some promising early results with fluoxetine. The SSRIs are therefore probably the first-line psychopharmacological treatment for depression in adolescents. Most recent studies have shown that adolescents who remit from major depression have a high chance to relapse. Continuation treatments may therefore be indicated in some cases.

**CHANGES IN DEPRESSIVE MOOD DURING ADOLESCENCE : SELF ESTEEM INCIDENCE**

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Early adolescence is a transition period particularly interesting to investigate in order to evaluate mental health changes. In this perspective a longitudinal study was developed. Data collected in a community sample from a French speaking area in Switzerland. The aim of the study was to measure the influence self esteem and social support on mental health, more specifically on depression. Self esteem was measured with the questionnaire developed by Susan Harter (What I am like, 1985) ; social support was evaluated with the SS-A Social support Appraisal by Vaux, 1988) ; depressive mood was measured on the basis of a self report. Altogether, 219 early adolescents from the general population (mean age at the beginning of the study : 12.5 yrs ) were followed during three years.

Results show that there are globally no important changes in self esteem between early and late adolescence. However, there is an interaction between self esteem and depressive mood : subjects with a lower self esteem in time 3 compared to time 1 have a significant higher score on depressive mood in time 3. Using a path analysis model, social support appears to be a positive factor enhancing self esteem and preventing from the development of depressive mood. Finally, there are some important differences according to gender, changes in depressive mood and self esteem being, in their negative evolution, more important in girls compared to boys.

**SELF RELATED PROCESS AND DEPRESSIVITY**

Heymans, P. Developmental Psychology Department. Utrecht University, Utrecht The Netherlands)

Depression is approached from a non-clinical, developmental perspective. Our working hypotheses are that a) depression is an (eventual temporary) inability of an individual to invest his/her Self into a developmental task or personal project, and as such leads to stagnation in development; b) depressive feelings are warning signals to the individual (and others around) that an important concern, namely "personhood" or "selfhood" of this individual is endangered; c) moral accountability is a core-component of personhood, so in a period where moral development is supposed to make major progress, depression will show its relations with aspects of moral functioning. Our procedure (Depriscope) for assessing depressive states of mind will be reported, as well as answers to the question whether these are discrete, discontinuous states or one continuum of concern-activation. The developmental curve will be estimated, both cross-sectionally as longitudinally for several cohorts of Russian adolescents (Vidnoie longitudinal study, N = 637). Comparative data on prevalence from several other countries will be reported. Finally information will be given on the consequences of depressive experiences for these adolescent's socio-moral functioning, as well as on some possible antecedents, notably the individuals mental framing of important personal projects and a hostile interaction style of the parents. On the basis of the empirical results the value of a developmental approach to depression will be discussed.

**96 CONTRIBUTIONS OF EPIDEMIOLOGIC FINDINGS FOR THE INTERVENTION OF DEPRESSION IN ADOLESCENTS**  
Essau, C.A., & Petermann, F. Zentrum für Rehabilitationsforschung, University of Bremen. 28359 Bremen (Germany).

Finding from the first wave of a longitudinal survey (Bremer Adolescent Study) among 12-17 year old highschool students (N=1035) have shown depressive disorders to be relatively high, with a lifetime rate of 17.9%. The most common depressive disorder was that of major depression; most of them have single episode with moderate severity. Compared to males, females had significantly higher rates of depressive disorders. The rates for depressive disorders increased with age, with the greatest increase occurring mostly between 14 to 15 years. Among those with depressive disorders, about half of them have at least one other disorders. The most common comorbidity pattern was that of depression and anxiety disorders. Almost all the depressed adolescents were psychosocially impaired during their worst depressive episode, although only very few of them did seek professional help for their depression. Factors found to be related with depressive disorders included a high number of negative life events and the used of negative coping strategies, low perceived control and competence, and the presence of parental psychopathology. The implications of the present findings for intervention will be discussed.

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**DEPRESSION, LIFE EVENTS AND ATTACHMENT IN ADOLESCENTS AND YOUNG ADULTS WITH DEPENDENT BEHAVIORS**

Pierrehumbert, B., Pagano, J., Bader, M., Halfon, O. Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent, Bugnon 25 A CH-1005 Lausanne (Switzerland).

Depression as well as dependent behaviors have been hypothesized to relate to adverse life events such as separations from attachment figures. The literature on attachment suggests that insecure representations of attachment not only relates to real events, but also to the person's state of mind regarding these events. The purpose of the present study was, firstly, to explore and possibly confirm the association between depression, insecure attachments and separations in early childhood. Secondly, it was to examine whether that association prevailed similarly in adolescents or young adults presenting different expressions of dependent behaviors, such as a dependency to psychoactive substances (DS) and eating disorders (ED). ED is often considered as a variety of dependent behaviors ; however, similarities and differences between ED and DS remains largely unclarified.

Questionnaires on depression, representations of attachment and early separations were proposed to 3 groups (DS, ED and normal controls, NC) of adolescents and young adults (15-25 y.o., N=96).

Results showed higher rates of depression in both clinical groups, as compared to NC. Clinical groups differed on life events (separations in DS and not in ED) and on attachment (more insecurity in DS than in ED). This last difference persisted when the effect of life events was controlled. These results suggest that depression, added to some incapability to integrate past adverse events in a secure and coherent narrative about one's own life, represents a specific risk factor concerning DS problems.

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**DEPRESSIVE SYMPTOMATOLOGY IN LEARNING DISABILITIES****100***R. Donfrancesco**Azienda Sanitaria Firenze, Borgo Allegri 16, 50122, Firenze, Italy.*

**Objective:** Depressive symptomatology in learning disabilities(LD) is interpreted mostly as a complication due to academic failure. I hypothesize that the Children Depression Inventory (CDI) scoring in LD children is related to low self-esteem caused by low academic performance.

**Methods:** 71 LD children (ICD-10-R criteria) with an IQ >85 were recruited.

1) Thirty-two children performed below -2 SD on an Italian spelling battery only (ISD), 39 children also had a performance below -2 SD on the reading and/or mathematics battery (ASD).

2) All children filled out CDI and 57 of these filled out a self-esteem test (TMA) in the academic performance section.

**Results:**

1) ISD and ASD children did not differ on self-esteem scoring for academic performance, but only the ASD group had a higher CDI scoring ( $p < 0.05$ ).

2) As expected, self-esteem scoring of all children had an inverted correlation with age ( $p < 0.015$ ), however depressive symptomatology was not correlated with age.

**Conclusions:** Depressive symptomatology is not a complication of LD due to academic failure but is probably a factor that increases the risk of a deficit on reading and/or mathematics performance.

**SYMPOSIUM****SY17*****EFCAP-Symposium*****FORENSIC EPIDEMIOLOGY****101 - 107****101****FORENSIC EPIDEMIOLOGY*****EFCAP-Symposium***

*D. Deboutte, University Department of Child and Adolescent Psychiatry, 2020 Antwerp, Belgium*

There is still a discussion among professionals as well as in the public about the question to what extent juvenile delinquency is related to psychopathological conditions. Is every delinquent also psychiatrically disturbed? In the papers of this symposium, these questions will be discussed in detail and from different points of view. They will also raise the question if our diagnostic systems are appropriate for dissocial and delinquent behaviour or if new definitions are required. Etiological and background factors will also be discussed.

**CHILDREN AND JUVENILES AS VICTIMS AND AS OFFENDERS 102***C. Pfeiffer**Kriminologisches Forschungsinstitut Niedersachsen e. V.;  
Lützerodestraße 9, 30161 Hannover, Germany*

**Objective:** To investigate the influence of victimization within the family on the offending behaviour outside the family in a representative sample of German and non-German pupils, living in Germany.

**Method:** The sample was based on a representative victim survey combined with a self-report study among 16,000 ninth grade students, between 14 and 16 years of age, who lived in eight different German cities. Subjects were asked to report their violent acts in 1997. The social status and the educational level of the juveniles were explored additionally.

**Results:**

Data analyses revealed a strong correlation between the experience of family violence during childhood and youth, as well as the parental acceptance of violence on one hand and violent acts of the juveniles on the other hand. Pupils from Turkey and former Yugoslavia showed the highest rate of victimization in their families and the highest rate of violent offending outside their families.

**Conclusions:** Results suggest that a distinct amount of violent offending by juveniles in Germany might be associated with ways of education in non-German families that is different from the practice in German families.

**MENTAL DISORDERS AND ITS IMPLICATIONS FOR RESIDENTIAL TREATMENT IN A 'JUDICIAL JUVENILE INSTITUTE FOR TREATMENT' 104***Rita van den Elzen, Formerly AZU, Academic Hospital Utrecht/Judicial Juvenile Institute for Treatment, Rentray; currently Centre for Child and Adolescent Psychiatry, Wickraderheem/AZM Academic Hospital Maastricht, all in the Netherlands.*

This paper discusses and analyses the prevalence of psychopathology in a 'judicial juvenile institute for treatment' in the Netherlands. In conclusion a specific model for adolescent-psychiatric consultation in such residential treatment institutes is proposed.

In order to rate psychopathology and problems of the adolescents on the five axes of the DSM-IV a clinically relevant sample (54 of the 140 pupils) was studied. Records were analysed, DISCs (child/adolescent version) and open interviews were taken.

The level of psychiatric disturbances was high. 340 classifications including 151 V-codes were made on axis I and II. On estimation 90% of the total population meets criteria for a principal diagnosis. When conduct disorders are excluded, 71% of the population still meets criteria for one or more clinically relevant psychiatric diagnoses.

An overview of these classifications, showing diverse and complex psychopathology, is given. Results of the DISC and clinical observations are compared. Adolescents, institutional staff and the researcher (a child and adolescent psychiatrist) appear to differ greatly in their judgement whether psychiatric problems are existing and / or psychiatric interventions are needed.

**103****Behaviour/Emotional Problems in Male Juvenile Delinquents and Controls in Russia: The Role of Personality Traits***Vladislav V. Ruchkin, MD, PhD, Martin Eisemann, PhD  
Department of Psychiatry & WHO Collaborating Center,  
Umea University, Umea, S-901 85, Sweden*

**Objective:** This study was aimed at testing the recent findings, based on the psychobiological theory of personality by Cloninger, which postulate a relationship between personality traits and psychopathological manifestations.

**Method:** We administered the Temperament and Character Inventory (TCI) and the Youth Self-Report to 188 male delinquents from juvenile correction in Northern Russia and to 111 age-matched male controls, recruited among schoolchildren.

**Results:** Psychological symptoms were mainly positively correlated with the temperament trait of harm avoidance and negatively correlated with the character trait of self-directedness. At the same time, higher levels of aggressive and delinquent behaviours were positively related to the temperament trait of novelty seeking and negatively related to the character trait of cooperativeness.

**Discussion:** The TCI dimensions contribute differentially (and in some way inversely) to the two main groups of problems. In our opinion, the revealed combinations of certain TCI dimensions related to behaviour/emotional problems represent relatively stable factors of personality proneness which account for the respective groups of problems. Possible underlying mechanisms of these findings are discussed.

**105****Psychiatric disorders in Flemish delinquent adolescents***Dr. R. Vermeiren, T. De Clippele, Prof. T. Dorelijers, Prof. D. Deboutte. University Department of Child and Adolescent Psychiatry, Middelheimhospital, Lindendreef 1, 2020 Antwerp, Belgium & Free University of Amsterdam*

**Introduction:** A great number of delinquent adolescents suffer from a psychiatric disorder. Previous investigations mention mainly disruptive behaviour disorder, depression, psychosis and posttraumatic disorder. Most of these studies, however, took place in incarcerated adolescents.

**Methods:** We investigated the occurrence of psychiatric disorder through structured assessment in 72 adolescents who got in contact with juvenile court because of having committed a crime. A 2-year follow-up of this population will be performed in next months.

**Results:** We found that about 2/3 of the subjects suffer from a psychiatric disorder. Most prevalent diagnoses were conduct disorder, ADHD, substance abuse and post-traumatic stress disorder. Besides, we found some cases of pervasive developmental disorder and psychosis. Many of our subjects had a first-degree relative with a psychiatric disorder or a criminal history. The outcome after 2 years of this population will be presented.

**Conclusion:** We conclude that delinquent adolescents are characterised by a number of psychiatric problems. Recognition of these problems seems necessary to provide adequate help.

## A CRITICAL REVIEW OF THE EXISTING CLASSIFICATION SYSTEM FOR THE DETERMINATION OF MATURITY IN THE PERIOD BETWEEN YOUTH AND ADOLESCENCE IN GERMANY 106

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**Objective:** In this study a critical overview of the determination of cognitive, emotional and somatic maturity in the period between youth and adolescence in Germany is presented. We assume that some of the determinants are obsolete and should be completed or replaced by modern concepts.

**Methods:** In a first step we sum up the critical aspects of the existing classification system for the determination of maturity in the period between youth and adolescence in Germany.

In a second step we introduce some new and still existing categories and theories of cognitive, emotional and somatic maturity in that period.

Finally we propose some different approaches in order to determine.

**Results:** The determination of maturity in the period between youth and adolescence is important in Germany because it is either possible to use the youth criminal law or the criminal law for adults at the age between 18 and 21 years (§ 105 JGG German youth criminal law). The current criteria are not completely valid in order to differentiate between youth and adolescence.

**Conclusions:** The determination of maturity between youth and adolescence is subjected to new criteria and must be referred to current theoretical concepts.

## WORKSHOPS

### WS 01 - WS 05

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## ADOLESCENT ARSONISTS - PSYCHODYNAMICS AND FAMILY DYNAMICS

S. Bertsch, G. Klosinski  
Department of Child and Adolescent Psychiatry and Psychotherapy, University of Tübingen, D-72076 Tübingen, Germany

**Objective:** The motivation of fire-setting has been reviewed extensively for children and adults. According to the hypothesis that adolescent arson is based on a different psychopathology and motivation we try to elaborate an appropriate typology.

**Methods:** Psychiatric, psychological and medical data are obtained from a retrospective analysis of 40 expert opinions concerning adolescent fire-setters which have been drawn up by the Department of Child and Adolescent Psychiatry in Tuebingen over a period of 16 years (1981-1997). The evaluation is based on an inquiry form which mainly focusses on

- medical and psychosexual development
- social integration and competence
- interpersonal relationships
- family dynamics of possible relevance to the offence
- psychic situation at the time of the offence
- the reason and motives given for fire-setting
- psychological test results.

**Results:** The offenders predominantly present a disturbed social situation and a lack of communication skills. Concerning the psychodynamical aspect we define two main different characters, who show obvious differences regarding the self-assessment of their auto-aggressiveness, their tendency to neurotic behaviour, the grade of introversion and their criminal forensic history.

**Conclusion:** There is no evidence that young arsonists can be considered as a homogeneous group. These results should clarify the role of psychodynamical and family aspects in understanding adolescent fire-setting.

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## INSURANCE FUNDED INTENSIVE INHOME PSYCHIATRIC SERVICES

J. Woolston, J. Adnopoz  
Child Study Center, Yale School of Medicine  
P.O. Box 207900, New Haven, CT 06520-7900 USA

**Objective:** This workshop explores the applicability and implementation of an innovative, home-based intensive psychiatric service for children with serious emotional disturbance (SED) and their families in a managed care environment. The workshop provides participants both theoretical and practical information related to developing such a service.

**Method:** The workshop is divided into 4 sections:

- 1) general conceptual and theoretical basis for applying wraparound concepts to a medical model approach;
- 2) the specific, practical details of developing an intensive, in-home psychiatric service funded by managed care sources;
- 3) two cases which illustrate the details of the service;
- 4) data describing the first two years of experience.

Following each section, the workshop faculty will engage in an interactive discussion with the participants to elaborate both conceptual as well as practical considerations.

**Conclusion:** This workshop presents two year of experience in employing a new model of intensive, in-home psychiatric services for children with SED. Workshop participants are provided with theoretical and practical guides for implementation of this model of care.



**UEMS-ESCAP-EFPT: ROUND TABLE DISCUSSION ON QUALITY ASSESSMENT 109**

*Prof. A. Rothenberger, Dr. R. Vermeiren*  
*Middelheimhospital UCKJA, Antwerp, Belgium*

In this workshop, some trainers (Prof. A. Rothenberger and Dr. P. Hill, UEMS Board of Child and Adolescent Psychiatry) and some trainees (Dr. U. Groleger and Dr. R. Vermeiren) will present their view on some aspects of quality assessment in psychiatric training. Afterwards, a round table discussion will be held on the topic.

**TRAUMA AND EMERGENCIES IN CHILD PSYCHIATRY: CLINICAL THEORY AND INNOVATIVE, MULTIDISCIPLINARY AND MULTI-MODAL INTERVENTIONS 111**

*E. Caffo, Child Neuro-Psychiatry, University of Modena, Italy*  
*N. Laor, Tel Aviv University and Tel Aviv Mental Health Center, Israel*

Child psychiatrists have long been concerned about ameliorating the impact of chronic stress (such as involved in child abuse and neglect). More recently, child psychiatrists have been involved in innovative approaches to rapid and effective intervention and follow-up care for children exposed to acute and recurrent trauma.

Persistent stress and trauma lead to changes in brain information and function and a range of modes of psychological adaptation, including stress-related clinical conditions, alterations in personality development, and specific syndromes (such as anxiety and depressive disorders). A developmental framework allows clinicians to understand and intervene most thoughtfully in situations of trauma. This framework emphasizes the multiple determinants of acute response and long-term adaptation and maladaptation, including communal, familial, individual, and psychobiological factors.

Recent innovations in the clinical response to children exposed to trauma include the creation of collaborative, ongoing regional multi-disciplinary partnerships between mental health professionals, police, social service agencies, schools, and other organizations within a community. Such partnerships are consistent with changes in the philosophy of police work that emphasize community based policing. The Child Development and Community Police (CDCP) program created in the Yale Child Study Center is now being replicated throughout the United States and Italy.

The symposium will review the developmental framework for understanding trauma, including biological and psychological research, and the new approaches to rapid and effective assessment and intervention. The symposium will outline the modules of multimodal, multi-disciplinary, and multi-site interventions, including the formation of regional partnerships and systems, the developmental orientation, training of professionals from various disciplines, evaluation of children and programs, and administration.

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**ASPECTS OF INFANT PSYCHIATRY**

*P. de Chateau (The Netherlands), T. Tamminen (Finland), A. Guedeney (France) and P. Kaukonen (Finland)*

**Objective:** Infant psychiatry is a rapidly growing area in the field of child psychiatry with specific research interests and new clinical challenges. The aim of this international WAIMH (World Association for Infant Mental Health) Symposium is to offer a contemporary view on infant psychiatry in Europe by focusing on assessment methods.

**Contents:** First, Dr Guedeney will present The Baby Alarm Distress Scale (BADS), which is a new method for assessing and screening sustained withdrawal reaction in infancy. Based on the fact that withdrawal is a developed and robust enough reaction to be traced and clinically meaningful, this scale has been designed and validated with 60 infants between 2 and 24 months. The medical routine examination in the well-baby clinic has been used as a 'Set Situation'. The clinical validity and the practical use of the scale will be discussed. Dr Kaukonen will then describe how a new method, the MacArthur Story-Stem Battery (1990), has been used in assessing toddlers' and preschoolers' own experiences of care-giving relationships and early attachment by their play narratives both in a prospective follow-up research project and in clinical work. Prof. Tamminen is going to present The Family Assessment Program for Parenthood (FAPP) that has been developed and used in clinical settings in an infant-family day-ward and Prof. de Chateau will make the concluding remarks of the WAIMH symposium by pointing out some aspects of infant psychiatry in Europe.

**PHARMACOLOGICAL INTERVENTIONS IN PEDIATRIC POST-TRAUMATIC STRESS DISORDER (PTSD)**

*C. L. Donnelly, M.D.*  
*Dartmouth-Hitchcock Medical Center Lebanon, NH USA*

**Objectives:** Participants will be able to critically review the pharmacological literature in Pediatric PTSD and apply treatment decision trees in the medical management of symptoms in this age group. Participants will understand the role of psychopharmacology in the broad context of Pediatric PTSD treatment.

**Method:** Dr. Donnelly will briefly review the adult PTSD literature and present age-downward extensions of the psychopharmacological management of PTSD symptoms as applied in childhood and adolescence. Pharmacological decisions trees are detailed and discussed. Pharmacological treatments of the primary manifestations and target symptoms of Pediatric PTSD are highlighted. **Results:** Participants will understand the existing role of medications in managing Pediatric PTSD as well as areas where new applications exist.

**Conclusions:** Psychopharmacology has a role to play in the overall management and treatment of children and adolescents with PTSD.

**FREE COMMUNICATION SESSION****FC01****ANOREXIA NERVOSA****113 - 118****NONSHARED CHILDHOOD RISK FACTORS FOR ANOREXIA NERVOSA (AN): A STUDY USING A DISCORDANT SISTER-PAIR DESIGN.**

Karwautz A, MD (1, 3), Rabe-Hesketh S, PhD (2), Treasure J, M.D, PhD, FRCPsych (1); Eating Disorder Unit (1) and Department of Biostatistics and Computing (2), Institute of Psychiatry, London, UK; (3) University Clinic of Neuropsychiatry of Childhood and Adolescence, Vienna, Währinger Gürtel 18-20, A- 1090, Vienna, Austria.

**Objective:** Most research into the aetiology of AN has either focused on environmental effects or on genetic factors. Twin research has suggested that nonshared effects are of particular importance. This study reports on a series of sisters discordant for AN to examine nonshared childhood risk factors.

**Methods:** Forty-five patients with AN- restrictive subtype and their sisters without a history of an eating disorder were independently investigated using the Oxford Risk Factor Interview for Eating Disorders developed by Fairburn and Welch. McNemar's tests and conditional logistic regression analyses were used.

**Results:** The anorexic sisters reported higher levels of premorbid negative self-evaluation, perfectionism, extreme compliance, less satisfying friendships. They perceived more criticism and overinvolvement by their parents and also that their parents had high expectations of their achievement. The anorexic sister had more often feeding problems in early childhood and were more often sexually abused. A dose effect relationship was found, that is the higher the number of risk factors the greater the risk of developing an eating disorder.

**Conclusions:** The investigation is limited by its retrospective nature. The comparison of nonshared childhood risk factors within families reveals major differences between affected and non-affected sisters.

**No familial aggregation of eating disorders in relatives of restrictive anorexic probands**

**M. Grigoriu-Serbanescu, S. Magureanu, S. Milea**

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Some family studies found familial aggregation both of anorexia nervosa (A.N.) and of any eating disorders in relatives of A.N. probands, while others did not find.

**Objective:** the study of familial psychopathology in first degree relatives of a homo-geneous group of purely restrictive A.N. patients with adolescent onset.

**Method:** 180 first degree relatives of 66 A.N. patients were investigated. 142 (78.9%) were directly interviewed with SCID-I (DSM-III-R). All probands who entered the study were followed-up at least four years from onset so that exclusion of patients with subsequent bulimic episodes was possible. Unavailable relatives were investigated by family history method.

**Results:** The familial psychopathology reached 24% (43/180). The lifetime rate of A.N. was 0.5% (1/180) in the total sample and 1% (1/96) in the female relative subsample. A case of partial A.N. syndrome was also encountered (0.5% in the total sample and 1% in the female subsample). No case of bulimia was found. The rates of alcoholism (7% - total sample; 14% - male subsample) and unipolar major depression (5% - total sample, 7.3% - female subsample) were the only ones significantly higher than in the general population of Romania.

**Conclusion:** The eating disorders did not aggregate in first degree relatives of restrictive A.N. patients. The polymorphism of the familial psychopathology and of the comorbid disorders in probands suggests that A.N. might be associated with a less specific genetic diathesis.

**114****113****115****CONTROL AND SELF-ESTEEM IN FEMALE ADOLESCENTS WITH ANOREXIA NERVOSA**

**Grzegorz Iniewicz,**

*Institute of Psychology, Jagiellonian University, Krakow, Poland*

The aim of this study was to examine self-control, belief in internal-external control and self-esteem in female adolescents with anorexia nervosa. Many theories of anorexia emphasize the importance of these dimensions of personality as predisposing or perpetuating factors in eating disorders. We however observe also disturbances in self-control, internal-external control and self-esteem in female adolescents without eating problems. This study evaluates the differences between these three aspects of personality in the two groups. Female adolescents suffering from anorexia nervosa (n=30) and normal female controls (n=30) were examined. The normal controls were matched with anorectic patients according to age, position within the family structure, type of school and education of their parents. Self-control, belief in internal and external control and self-esteem were measured by standardized self-reported questionnaires. Subjects completed The Offer Self-Image Questionnaire, Gluszczyńska's I-E Scale and Battle's Culture-Free Self-Esteem Inventories for Children and Adults. The study revealed some interesting differences between female adolescents with anorexia nervosa and normal female controls. Details and significant differences will be presented and discussed. They may allow for a better understanding of the etiology of anorexia nervosa and to better plan psychotherapeutic intervention.

**CATEGORICAL AND DIMENSIONAL ASSESSMENT OF PERSONALITY IN ANOREXIA NERVOSA (AN)** 116

A. Karwautz (1, 3), S. Rabe-Hesketh (2), J. Treasure (1)  
(1) Eating Disorder Unit and (2) Department of Biostatistics and Computing, Institute of Psychiatry, London, UK  
(3) University Clinic of Neuropsychiatry of Childhood and Adolescence, Vienna, Währinger Gürtel 18-20, A- 1090, Vienna, Austria

**Objective:** To explore the relationship of a dimensional and a categorical approach to personality in a group of women with anorexia nervosa.

**Methods:** For this purpose we assessed the presence of personality disorders (PD) according to ICD-10 using the International Personality Disorders Examination (IPDE-ICD-10; Loranger et al. 1994) and the profiles of temperament and character (TCI; Cloninger et al. 1994) in 46 subjects with AN - restrictive subtype. Additionally, on axis-I mood disorders were assessed to control for the effects of depression on the TCI scores.

**Results:** According to the IPDE interview 57 % of the subjects had at least one PD. The most common diagnoses were Cluster C PDs (anankastic PD 26 %, anxious PD 24 %, dependent PD 13 %). The subjects with (any) PD had significantly lower scores in novelty seeking, and self-directedness, higher scores in harm avoidance, and similar scores in reward dependence, persistence, cooperativeness, and self-transcendence. Novelty seeking and self-directedness correlated significantly negatively with anankastic PD, anxious PD and dependent PD. Harm avoidance correlated positively with anxious PD and dependent PD. Persistence correlated positively with anankastic PD. Reward dependence, cooperativeness and self-transcendence did not correlate significantly with any of these PDs. Controlling for depression revealed no significant differences to the results reported above.

**Conclusions:** Temperament and character profiles of anorexic patients can be helpful to differentiate between those with and those without PDs.

**TRIFOCAL APPROACH TO THE INPATIENT TREATMENT OF ANOREXIA**

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S. Hagenhoff, K. Ludewig  
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**Objective:** The inpatient treatment of anorectic patients with a clinically relevant underweight of BMI < 70% needs to focus on at least three conditions: 1) somatic instability and underweight, 2) psychological distress and distorted motivation and 3) hindering communicational patterns. Since neglecting one of these aspects may account for poor outcomes we are presently testing a method of treatment that implies a well-balanced consideration of all three conditions.

**Method:** The method entails:

- 1) "Externalization" (sensu M. White) of the anorexia in terms of a ghost that has taken power over the patient and her family; therapists and the family enter an alliance with the patient in order to conjointly defeat the ghost "anorexia".
- 2) "Externalization" of the ghost's adversary by means of a figure called the "plan". (a dietetic scheme entailing different stages and corresponding rewards).
- 3) Gradual implementation of individual psychotherapy and family therapy.

**Results:** First results of a catamnestic study of 15 anorectic girls from a non-specialized ward for adolescent psychiatry suggest an improvement in outcome as well as in "consumer" (incl. therapist) satisfaction.

**Conclusions:** To provide for a non-conflictive attitude among helpers seems to decrease "resistance" not only in the patients and their families but also in the helpers.

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**EATING DISORDERS AND WAR TRAUMA**

D. Kocijan-Hercigonja, V. Hercigonja  
Clinical Hospital Dubrava, Zagreb

The traumatized persons can with the help of negative corroboration learn how to successfully avoid painful traumatic symptoms. The symptoms appear on physiologic, cognitive and behavioral levels, and cognitive disturbances of attitudes towards life are often present. The avoidance of remembering the trauma turns into life style of victims who could not overcome the mentioned reactions to trauma and are mostly manifested through changed attitude towards one's self, not infrequently registers as sleep and eating disorders.

Our experience during the war show the increase of anorexia and bulimia in war traumatized persons.

From the total number of anorexic patients (45) whom we treated in 1989-1998, 16 of them (35,5%) came due to war traumas. Besides anorexia cases and one patient with bulimia, we had other symptoms complying to the criteria for the diagnosis of PTSD. Regarding the family dynamics, the families of 16 analyzed patients with anorexia and 1 with bulimia showed the pathology of families destructed by war and significantly differed from the families of the remaining patients with anorexia treated before the war, or during it but not connected with the PTSD symptomatology.

Eating disorders, as already known, indicate numerous psychological problems. They can be first symptoms of psychopathology and psychological trauma. Findings of this study are very important for therapeutic approach.

**FREE COMMUNICATION SESSION****FC02****CHRONIC DISEASES AND REHABILITATION****119 - 123****FAMILY FACTORS OF CHILDREN UNDER BONE MARROW TRANSPLANTATION**

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 Department of Child and Adolescent Psychiatry and Psychotherapy,  
 University of Tübingen, D-72076 Tübingen, Germany, \*Pediatric  
 Hospital, University of Tübingen, D-72076 Tübingen,

**Objective:** Qualitative description of social support and familial coping strategies of children aged 8-12 years undergoing bone marrow transplantation (BMT). Examination of the connection with stress reactions of afflicted children.

**Methods:** The prospective longitudinal study included semistructured interviews with 30 parents concerning familial stressors, social support and coping strategies. The children were examined using an extensive test battery (questionnaires, intelligence test and projective tests) to evaluate different adaption processes while being subject to isolation conditions on a BMT ward.

**Results:** A typology of familial coping strategies can be assumed. Connections were found to stress reactions and psychic adaptation of the children undergoing BMT. The relevance of social support is discussed.

**Conclusions:** Familial coping strategies and social support are relevant factors for the emotional adaption of the children. Stress reactions of pediatric patients undergoing BMT treatment are strongly influenced by family factors.

**EMOTIONAL ADAPTATION AND STRESS REACTIONS UNDER BONE MARROW TRANSPLANTATION 120**

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**Objective:** Stress reactions and psychic adaptation of 8 to 12-years-old children in single-room treatment under isolation conditions after BMT were examined.

**Methods:** The prospective longitudinal study (N = 30) included free diagnostic interviews and a large test battery. We used a mixture of projective tests (Rorschach, Thematic Apperception Test), questionnaires, two tests recording the body image and an intelligence test (HAWIK-R) to cover different levels of adaptation processes.

**Results:** The questionnaires showed clearly the strong tendencies to adapt to the situation and to normalise behaviour under isolation conditions. In contrast, the psychoanalytic interview and the projective tests proved a very differentiated emotional adjustment: Before transplantation, coming to terms with the life-threatening situation must be deferred. After transplantation one could detect a very intensive emotional examination of the illness, the future prospects, the isolation and the loneliness, the somatic problems and fantasies of guilt and punishment in addition to a superficial adaptation in the sense of a protective denial.

**Conclusions:** It seems to be very important to intensify the children's and the family's psychosocial support before admitting the child into hospital treatment. Family conflicts and neurotic developments should be regarded as risk factors for marked and potentially dangerous stress reactions.

**119****LONG-TERM NEUROPSYCHIATRIC DEVELOPMENT OF PRETERM CHILDREN.**

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**Objective:** Evaluation of the prevalence and persistence of behavioural, neuropsychological and minor neurological dysfunctions in non-handicapped preterm children.

**Method:** Longitudinal follow-up of preterm children (N = 178), hospitalised in a Neonatal Intensive Care Unit comprising:

1. CBCL-assessments at early school age, school age, pre-adolescence and adolescence (N=143).
2. psychiatric, neurological and neuropsychological assessment of a sample at school age and in adolescence (15-17 yr.) (N=44).

**Results:**

- CBCL study: preterm children had lower scores on the social and school competence scales than controls; they also more often attended special schools; these differences persist with age.
- Clinical assessment: at schoolage the preterm children performed less well with respect to verbal and visuo-motor abilities than controls; they had more often minor neurological dysfunctions and psychopathological symptoms; preliminary results shows that these differences persist into adolescence.
- The very preterm and the Small for Gestational Age children contributed to the significant findings.

**Conclusion:** Very preterm and preterm SGA children are at increased risk of cognitive, school, social and psychopathological problems. These problems persist with age.

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**SPINAL MUSCULAR ATROPHY - PSYCHOPATHOLOGY AND INTELLIGENCE IN PATIENTS AND SIBS**

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**Objective:** Spinal muscular atrophy is a chronic disease characterized by loss of motor function due to degeneration of anterior horn cells. The aim of the study was to analyse psychopathology and intelligence among children and adolescents with SMA and their sibs.

**Methods:** 66 patients with SMA, aged 6.0 to 17.11 years, 29 non-affected sibs and 40 matched healthy controls were examined with the Raven CPM and SPM tests. Psychopathology was assessed by a structured psychiatric interview (Kinder-DIPS) and by the parental Child Behavior Checklist questionnaire (CBCL 4/18, Achenbach), using the clinical cut-off (T-value 63; 90<sup>th</sup> percentile).

**Results:** The total mean IQ in the CPM/SPM tests was 109 for SMA patients, 108 for non-affected sibs and 105 for the controls. 12% (8/66) of SMA-patients had a psychiatric diagnosis according to ICD-10 or DSM-IV, including major depressive disorder, separation anxiety and specific phobias. Also, 30% (n=20/66) wetted either during the day and/or night. For the CBCL total problems scale, 11% of SMA-patients, 24% of sibs and 8% of controls had a clinical behavioural score. For the internalizing behaviour score, the values were 17%, 24% and 8%, for the externalizing score 2%, 28% and 10%, respectively.

**Conclusion:** Children and adolescents with SMA have a general IQ in the normal range. They show a low degree of psychiatric comorbidity. The group at greatest risk for behavioural problems are the non-affected sibs.

**FREE COMMUNICATION SESSION**

FC03

**ATTENTION DEFICIT / HYPERACTIVITY DISORDER**

124 - 128

**THE EXPERIENCE OF WORK WITH HANDICAPPED CHILDREN IN STATE CHILDREN'S HOUSE. PLAY APPROACH**

123

*F. Manevsky*

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**Objective:** Rather frequently, in Russia, children with various deviations in development such as mental underdevelopment, various neurological problems, violations of dialogue, frequently psychiatric deviations are born. As a rule parents refuse such children. In this case child hits in the specialized children's house.

On base of the specialized house for children with special needs in one of the suburbs of St.-Petersburg this research was conducted which. The purpose was the study of features of emotionally strong-willed sphere of the children. It was effected the attempt of analyzing the influences of social environment on children.

**Methods:** In the research were utilized:

1. method of the included observation
2. analysis of case histories
3. face-test
4. Dorothy M. Jeffree's game test.

**Results:** The research has shown, that in conditions of a children's house medical maintenance therapy are not the main method of influence, and in contradistinction to measures directed on putting of the secondary deviations, such as deviations of dialogue, absence of skills of self-service, emotional deviations.

**Conclusions:** The play is the basic kind of activity for the child down to school age, and for many children with some kinds of underdevelopment play become a leading kind of activity on all stretch of life. And because of it with help of play and play methods it was carried out this research.

**DEVELOPMENT OF STANDARDIZED PRE-SCHOOL BEHAVIORAL OBSERVATIONAL SCHEDULE (PS-BOS) FOR DETECTION OF HYPERKINETIC DISORDERS.**

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**Objective:**

- (1) To develop reliable and valid behaviour-based measures of attention and inattention that can be coded during administration of a standardised protocol for observation of the child's orienting and attentive/ non-attentive behaviours.
- (2) To assess how well these measures discriminate pre-school children with hyperactivity from normal controls, and from those with oppositional-defiant disorder as well as from children with developmental delays.

**Methods:**

**Subjects:** (1) Hyperactive group (HA) (N=21) - (2) Developmentally delayed group (DD) (N=17) - (3) Oppositional-defiant group (OD) (N=13) - (4) Normal control group (NC) (N=24)

**Procedure:** 10 min of free-play and 12 min of semi-structured play sessions in a clinic setting. All sessions were videotaped.

**Measures:** For direct observation a qualitative rating scale, tapping onto different aspects of 'inattentive behaviours', was developed for the purpose of the study. Measures of continuous recording (using PC) of the corresponding to the PS-BOS rating scale's attending and non-attending behaviours were used to validate the direct observation.

**Results:**

The inattention score derived from the direct observation discriminated significantly between the hyperactives and controls, even when the effects of intellectual development were allowed for by covarying IQ. Similar results were obtained when the comparison took place between HA and OPD or DD groups. The inattention index derived from the continuous (quantitative) data confirmed the results from the direct observation, and the two measures of inattention were significantly correlated.

**Conclusion:**

A behavioural observation scheme for problems of attention and activity can identify pre-schoolers with hyperactivity disorder, differentiating them not only from controls but also from oppositional defiant disorder and simple developmental delay. The implications of this for the clinical practice will be discussed.

# BEHAVIORAL PROBLEMS AS DISORDERS OF MALADAPTATION RELATED TO MATURATIONAL LAG

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**Objective:** The aim was to study the relation between behavioral problems and the parents' perception about their child's maturity. Neurodevelopmental immaturity or maturational lag may be an underlying antecedent of psychiatric disorder. In the present study maturational lag is used as a concept defined as a reduced speed of development, i.e. children following other developmental trajectories across ages compared to average children but where a catch-up at a later age could restore the function to a normal level.

**Subjects:** A population based nationwide sample of Swedish 8-9 year-old children (n=1079).

**Methods:** The parents completed a questionnaire including Child Behavior Checklist, Attention-deficit Hyperactivity Disorder symptoms according to DSM-III-R (ADHD), the parents opinion about the child's maturity level and the socioeconomic circumstances of the family.

**Results:** Multivariate analyses showed statistically significant relations between the parent reported maturity factor and several behavior problems: somatic complaints, anxious-depressed behavior, social problems, attention problems and aggressive behavior and also ADHD-symptoms.

**Conclusions:** The findings support the idea that, at least from the parents' point of view, behavior problems are related to maturational lag.

# 125 Effects of multimodal interventions in children with hyperkinetic disorders

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**Objective:** The aim of the Cologne Multimodal Intervention Study (COMIS) was to evaluate the effects of an individually designed multimodal intervention for children with ADHD according to DSM-III-R or with Hyperkinetic Disorder as defined by ICD-10.

**Methods:** The treatment sample consists of 75 children aged 6 to 10 years with a nonverbal IQ of 85 or higher. After a initial 6 week baseline period for all patients with six sessions aimed at the development of a therapeutic relationship to the child and the family, general and behaviorally oriented counseling of the child, the parents and the teachers the sample was divided by chance into two groups. In the next treatment stage one group received a 6 week behavioural intervention with parent training and interventions in the family, with interventions in the school and with self instructional training as indicated. The second group received stimulant medication plus counseling. Further treatment intervention depended on the outcome in this intervention stage.

**Results** indicate that an individualized multimodal intervention significantly reduces both hyperactive and oppositional problem behaviour in the family and in the school. Medication and behaviour therapy are effective treatments.

**Conclusions:** In a substantial proportion of children behaviour therapy alone is sufficiently effective.

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# STIMULANT TREATMENT IN ADHD CHILDREN LOWERS RISK OF DRUG ABUSE

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**Objective:** Children with ADHD have an increased risk for drug abuse and dependence (DAD) in adolescence and adulthood. A multicenter study was designed to analyze long-term effects of stimulants due to addictive behavior.

**Methods:** 201 former ADHD children were seen again as adults (mean age 22 years) after twelve years (SD=5 years). 131 were treated as children with methylphenidate, 12 with other stimulants, 58 were free of medication. DAD were assessed with a structured diagnostic interview. Urinary samples were screened on drug metabolites.

**Results:** Stimulant medication in childhood significantly reduces the risk for adult DAD (Chi=5.2, p=.02\*). Entering other treatments (i.e. psychotherapy, psychomotor training) into a logistic regression, stimulant medication is the only significant and robust predictor to influence DAD. This effect is primarily seen for cannabis. Alcohol and nicotine abuse is not significantly changed by medication. However, non-medicated ADHD children showed an earlier onset in alcohol and nicotine abuse.

**Conclusions:** Stimulant treatment of ADHD children seem to be protective for later development of drug abuse and dependence.

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# Clinical effectiveness and relative efficacy of day hospital care: Comparison of therapy results in a day hospital sample with a inpatient sample

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Two samples of child and adolescent psychiatric patients were compared in order to evaluate different treatment modalities. A sample of 106 subjects which were successively admitted to a day hospital unit was matched with a sample of inpatient subjects. Matching criteria were age, gender, diagnosis, comorbidity and length of treatment. Therapy results were obtained at discharge with different rating scales and questionnaires.

The outcome of treatment was first determined as (relative) efficacy, that means the effect size of day hospital treatment compared to inpatient treatment.

Furthermore data relating to the clinical effectiveness of day hospital treatment are presented and discussed.

**FREE COMMUNICATION SESSION****FC04****NEUROPHYSIOLOGY AND BRAIN IMAGING****129 - 134****MORPHOLOGICAL MRI IN A REFINED PHENOTYPE OF ADHD**

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**Objective:** We report use of novel image analysis methods, which do not require prior selection of regions of interest, to characterize distributed morphological deficits of both grey and white matter associated with ADHD.

**Methods:** 18 children with a refined phenotype of ADHD, who also met ICD-10 criteria for hyperkinetic disorder (mean age 10.4 years), and 16 normal children (mean age 10.3 years) were compared using magnetic resonance imaging. The groups were matched for handedness, sex, height, weight, and head circumference. Morphological differences between groups were estimated by fitting a linear model at each voxel in MRI standard space.

**Results:** The hyperkinetic children had significant gray matter deficits in right superior frontal gyrus (Brodmann area (BA 8/9), right posterior cingulate gyrus (BA 30) and the basal ganglia bilaterally (especially right globus pallidus and putamen). They also demonstrated significant central white matter deficits in the left hemisphere anterior to the pyramidal tracts and superior to the basal ganglia.

**Conclusions:** This pattern of spatially distributed gray matter deficit in the right hemisphere is compatible with the hypothesis that ADHD is associated with disruption of a large scale neurocognitive network for attention. The left hemispheric white matter deficits may be due to dysmyelination.

**FRONTAL DYSFUNCTION IN THE RESPONSE CHOICE PROCESS IN ADHD CHILDREN 130**

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**Objective:** The lateralized readiness potentials (LRPs) were used in order to study the response choice process in ADHD boys.

**Method:** Brain activity was recorded continuously during a stimulus-response compatibility task. The subjects had to respond with the hand in the direction of the arrow presented on a screen, or with the opposite hand, according the color of the arrow.

**Results:** In the frontal regions, normal control children activated the hand in the direction of the arrow for both compatible and incompatible conditions, 200 to 400 ms post-stimulus onset. In the compatible condition, ADHD children did not display any frontal activation. However, in the incompatible condition, ADHD children encoded mainly the correct response opposite to the direction of the arrow (300-450 ms). In the parietal regions, the response of the hand in the direction of the arrow was activated in the compatible condition (200-400 ms) followed, in the incompatible condition, by the activation of the opposite response (400-700 ms), similarly in both groups.

**Conclusion:** LRP activity allowed to visualize the early activation of the working memory network within the dorsal pathway, including parieto-occipital and frontal regions. ADHD subjects demonstrated a dysfunctional working memory processing in frontal lobes only.

**129****131****Sex distribution in the functional organization of reading**

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**Objective:** Previous studies have shown gender differences within word processing where left lateralisation in male adults have been found compared to a bi-hemispheric distribution in female adults. We evaluated, whether boys and girls may have a similar gender specific brain activation as adults in reading.

**Methods:** 9 girls (13.8 y.) and 8 boys (14.2 y.) were involved in this study, they were healthy and normal reading. Within fMRI (1.5 T MRI scanner) they had to read non-words, words and to perform a transformation of words compared with a control condition (letter strings).

**Results:** The significant activation was primarily left sided in boys, whereas girls showed activation in both hemispheres (in the insula and the temporal lobes bilaterally). Boys activated more in basal posterior regions (extrastriate areas, posterior cingulate gyrus, splenium, thalamus) than girls.

**Conclusions:** For the first time, we demonstrated a different lateralization between boys and girls during phonological procedures, what may be due to a genetic background. The gender-specific different intra-hemispheric activation may be related to the more mature reading of girls (usage of lexical-semantic processing), what seems to be related to the reading difference of boys compared to girls.

**DYSLEXICS ARE IMPAIRED IN SUPPRESSING SACCADDES TO VISUAL STIMULI**

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**Objective:** Many dyslexics generate incorrect saccades in time and space. We made the hypothesis of a dysfunction in the attentional system controlling visual processes. The present work tested the hypothesis using an antisaccade task.

**Methods:** The study was carried on a population of 108 subjects. All subjects were tested first with a psychometric test battery measuring their cognitive abilities and achievement level in reading and spelling. Saccadic eye movements were measured in:

1. a single target overlap task, which required saccades from a central fixation point to a peripheral target appearing randomly to the left or right (100 trials to each side, fixation point remains on)
2. an antisaccade gap task, which required saccades away from (i.e., to the side opposite to) a visual stimulus (100 trials to each side, fixation point goes off).

Saccadic eye movement variables in the different groups were statistically compared.

**Results:** A strong development in the ability of suppressing reflexive glances to a visual stimulus was observed in the control as well as in the dyslexic group. Yet, dyslexics' saccadic performance remained significantly beyond the performance of the control subjects at all ages (about 15% more errors than control subjects). A significant impairment in the antisaccade task was observed twice more frequently in the dyslexic population.

**Conclusions:** A successful voluntary control in saccadic generation depends on intact functions of frontal neural structures, in particular of the prefrontal cortex which is the substrates for attentional control of cognitive functions. ADHD subjects show a very similar saccadic impairment in the antisaccade task as dyslexic subjects.

**132 DEFICIENT MOTOR INHIBITION IN CHILDREN WITH TIC DISORDER****134**

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**Objective:** Decreased motor inhibition (i.e. shortened cortical silent period and reduced intracortical inhibition) was reported in adult patients with Tourette's disorder using the technique of transcranial magnetic stimulation (Ziemann et al. 1997). Since tics usually begin during childhood, it seems to be important to study the developmental aspect of this finding.

**Methods:** Using the same protocol as in Ziemann et al. (1997) motor threshold, cortical silent period and intracortical inhibition/facilitation were measured in 21 children with tic disorder (chronic tic disorder/Tourette's Disorder) and 25 healthy children aged 10 to 16 years.

**Results:** In tic disorder children motor threshold was normal. The cortical silent period was significantly shortened compared to healthy controls but did not depend on tic localisation. Intracortical inhibition and facilitation did not differ between the two groups.

**Conclusion:** This study confirms that the finding of decreased motor inhibition in adult patients also holds true for children wherever the tics in the latter group were located. Thus, the data support the general assumption of a deficient inhibitory motor control at the level of the sensorimotor circuit in all patients with tic disorder.

Ziemann U., Paulus W., Rothenberger A. (1997): Decreased motor inhibition in Tourette syndrome: Evidence from Transcranial Magnetic Stimulation. *Am J Psychiatry* 154: 1277-1284

**133****EYE MOVEMENTS DURING READING TEXTS VS. PICTOGRAMS IN DYSLLEXIC AND NORMAL CHILDREN - ASSESSED BY SCANNING LASER OPHTHALMOSCOPY**

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**Objective:** To differentiate between a primary eye movement control deficit or an impaired text processing as cause of the dyslexia.

**Methods:** A scanning laser ophthalmoscope (Rodenstock 101) was used to image the fundus and to scan stimuli (single targets, words of different length, texts and pictograms) directly onto the retinae of 11 dyslexic (age 12.9 +/-1.5 years) and 7 normal children (age 12.3 +/-1.7 years). Retinal fixation locus, stimuli and eye movements during reading were recorded simultaneously on video tape. The texts and pictograms were read silently and aloud. Additionally, eye movements were measured by an infrared reflection system (Ober2).

**Results:** Reading speed during reading texts was decreased in dyslexics (61 vs. 161 words/min, reading aloud), associated with a highly increased number of saccades (13.5 vs.5.3) and regressions (4.0 vs. 0.5) per line and many mistakes (10 vs. 0.2) per paragraph. During reading pictograms, reading speed was equal in both groups.

**Conclusion:** Normal reading speed for pictograms indicates that the problem in the here presented group of "pure" dyslexics may be based on impaired text processing rather than on an oculomotor control deficit.



**FREE COMMUNICATION SESSION****FC05****CONDUCT DISORDERS AND AGGRESSION****135 - 139****Absence from school in adolescence - phobic or avoidant behavior ?**

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**Objective:** Separation anxiety is regarded as one of the main causes of infantile school phobia. Studies of absence from school in adolescence are rather rare, although the incidence is higher than in childhood.

**Methods:** Out of 1060 consecutively admitted adolescent psychiatric inpatients, 55 charts of adolescents who were diagnosed as having school phobia were examined. Truancy and psychoses were excluded. After a follow-up interval of 3 years, 29 former patients (52.7%) could be reexamined. General psychosocial and clinical data and the „State Trait Anxiety Inventory (STAI)“ were analyzed.

**Results:** The typical classification of infantile school phobia (ICD-10 F 93.0) is represented in 40% of this sample. Phobia and anxiety disorders had a frequency of 7.2%. There were also numerous diagnoses outside the phobic-anxious-spectrum. Avoidant behavior, on the other hand, is a main symptom of ongoing psychopathology at follow-up. Differences between state and trait variables in the STAI were rather low.

**Conclusion:** The results of this study suggest that the causes of absence from school in childhood are different from those in adolescence. In adolescence, many cases could be regarded as manifestations of avoidant behavior or a mixture of avoidance and anxiety.

**Does class climate impact the course of psychiatric problems? 136**

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**Objective:** The focus of this study is the course of internalizing and externalizing problems at school from second to sixth grade. School ethos is known to have an impact on the adjustment of students, but there is little previous knowledge on how class climate relates to psychiatric problems among school children. It is hypothesized that

1. poor class climate increases students' vulnerability for persistent problems, and 2. the mediating role of academic achievements and peer relationship problems is dependent on class climate.

**Methods:** This epidemiological study on 8-year-olds (N 1320) from Southern Finland was started in 1989/90. At follow up, in 1994, 1149 children participated. At both points of time children and teachers answered standardized questionnaires concerning child mental health, as well as structured questions concerning academic and peer relationship problems. At Time2 class climate was evaluated by teachers. The model of mediation will be tested at three different levels of class climate using the structural equation model.

**Results:** Results will be presented.

**Discussion:** The implications of the findings will be discussed in reference to child psychiatry and school politics.

**135****137****A STRUCTURE OF FAMILIES OF BOYS HOSPITALIZED FOR EXTERNALIZED AGGRESSIVENESS**

*Z. Touzinská, M. Balcarová*  
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A study describes a picture of a family, which is the most typical for psychiatrically hospitalized boys with conduct disorders and externalized aggressiveness. Authors analyze some features at 36 latency age boys. They were hospitalized because of their verbal and nonverbal aggression, sometimes threatening their child and adult surroundings.

**Conclusions:** A family of aggressive latency age boys is characterized by a very frequent (58.3%) and early (before the first year of the child age) home breaking, implicated by serious partnership or intergenerational conflicts, connected with a loss of father. That causes many changes in the structure of a family. Over 50% of examined children are brought up by a socially and generationally alienated, less educated and often emotionally disturbed mother in an inconsistent, permissive and refusing style of child welfare. A number of family adult members and siblings is low and their relationships are often hostile, probably on a base of a long-term emotional deprivation. Alcohol abuse and domestic violence by male members of the families implicated a pathological model of social functioning. Families perceive aggressiveness of their children in a realistic, but also permissive way, considering that behavior as congenital, influenced by unaccepted family members and hardly changeable.

**Key words:** family, conduct disorders, aggressiveness

**EMOTIONAL AND CONDUCT DISORDERS: NOSOGRAPHIC AND STRUCTURAL DIAGNOSIS 138**

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**Objective:** Behavioral disorders in childhood classified by the ICD 10 as:

- Conduct Disorders (F91-F92)
- Emotional Disorders (F93),

these are a frequent subject of request of consultation re psychiatric outpatients, often found difficulties following the nosographic diagnostic criteria, together with a deep deviation between structural and nosographic diagnoses.

**Method:** We considered a pilot group of 45 children aged 6-12, who came to clinic with "behavioral anomalies".

For children: case history, intelligence test (WISC-R), projective test (Patte Noir), 3 play sessions.

For parents: CBCL questionnaire, 3 psychodiagnostic sessions.

**Results:** We found that:

- with WISC-R, the scores of every child conformed to age, with higher scores obtained in verbal instead of performance scale;
- with PN there was a narcissistic withdrawal in 43% of children, and failure to identify well with parental figures (absent in 33%, abnormal in 45% of cases);
- with CBCL, a significant rate of values was obtained in internalizing disorder scales, ranging from risk to pathology;
- by sessions with children and parents, there was a prevalence of depressive themes hidden through an inhibited or rather manic behavior.

**Conclusions:** There is a lack of agreement between purpose of consultation and diagnosis, which followed. There is difficulty in finding a correlation between symptoms observed and nosographic criteria, and moreover, these aren't easily linked with structural diagnoses.

**FREE COMMUNICATION SESSION****FC06****ABUSE AND NEGLECT****140 - 145****139****DRAWINGS OF BOYS WITH EXTERNALIZED AGGRESSIVENESS**

*Z. Touzimská*  
 Czech Republic

A paper describes a latency age boys' perception of their own aggressiveness. Children were psychiatrically hospitalized for conduct disorders with externalized aggression and divided into a few groups, regarding a preferred type of anger behavior.

Results were based on an analysis of 36 drawings, including boys' expression of their aggression. The analysis allowed to differ the drawings from their themes, formal, color aspects and contents of the children interpretation point of view.

**Conclusion:** The majority of examined children prefers various forms of physical aggression, from mimic hostility to apparent violence, especially aimed at peers. Boys, who mainly using verbal aggression express it as verbal abuse or threat, often with intense vulgarity. All children perceive their behavior as a necessary defense that confirms their feel of lack of security. Patients are mostly unable to predict danger, threat and social outcome, implicated by their acting-out. Self-corrective attitudes were rare. Probably it causes the older a patient is, the more often prefers physical aggression. There is contrary to a common and expected direction of the child development.

**Key words:** conduct disorders, child aggressiveness, drawing.

**140****THE INCIDENCE OF ABUSE IN THE FAMILY AND BEYOND IT**

*I.M. Andreeva*

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**Objective:** This study reports the incidence of child abuse of Asian and White children and compares the rate of different types of abuse among the children surveyed.

**Setting:** The Central Asian region.

**Method:** This new questionnaire was developed to provide the initial presentation about the scale of types of abuse in Bishkek - the capital of Kyrgyzstan - and in the suburbs. 700 children and adolescents have been surveyed for possible child abuse.

**Results:** The data showed, in general, that children in the rural areas are more likely to be abused. Emotional abuse ranks the first place among other types of abuse (96%- 98%). Overall percentage of physical abuse (44-75%). The village children tend to be exposed to physical abuse more often than the city children. Sexual abuse (3%) - in Bishkek and about 15,6% - in the villagers. One of the main problems of anxiety and depression in those children is lack of mutual understanding with parents, excessive strictness, as well as restricted times for street games in the city.

**Conclusion:** This survey indicates an extreme need to address the problems of child abuse in the borderline culture, and makes the people aware of its range and scope. It can assist healthcare, education, and child protective services' workers in preventive measures.

**Posttraumatic Stress Disorder and Child Sexual Abuse.**

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Lindendreef 1, 2020 Antwerpen, Belgium

**Objective :** To examine the prevalence of Posttraumatic Stress Disorder (PTSD) in sexually abused children. To identify possible risk-factors for the development of this disorder. To confront our findings with the scientific literature concerning this subject.

**Methods :** 86 sexually abused children aged 3 to 17 year, referred to a Child- and Adolescent psychiatric outpatient clinic, were assessed using a strict diagnostic protocol (a.o. using the Child Assessment Schedule, the Child Behavior Checklist and a structured interview concerning the antecedents of the child and information about abuse characteristics). Specific questions were asked concerning the presence of characteristic symptoms of PTSD for different age groups. Together with diagnostic classification according to DSM IV criteria, alternative criteria were used for younger age-groups.

**Results :** 34 out of the 86 sexually abused children (49%) presented with PTSD. The presence of this disorder was correlated with some characteristics of the child (age, sex, prior victimization), and certain characteristics of the abuse (frequency, penetration, use of force). Mood disorders were found to be frequently associated with PTSD. The total number of life-events was also related to the presence of PTSD. The literature concerning risk-factors for the development of PTSD in sexually abused children is equivocal.

**Conclusions :** The high prevalence of PTSD in sexually abused children was confirmed in this study. A number of possible risk-factors were identified. Taken the important co-morbidity with mood disorders, it seems important to assess the presence of (age-specific) symptoms of PTSD in sexually abused children.

**Maternal Personality Characteristics and Child Sexual Abuse**U. Van Wetswinkel, E. Schoentjes, D. Deboutte,  
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**Introduction :** The presence of a supportive (familial) environment and of a supporting parental figure have been identified as protective factors for sexual abused children. We examined whether certain personality characteristics of non-offending mothers were correlated with child functioning at first assessment after disclosure of sexual abuse.

**Methods :** As part of a larger ongoing longitudinal study the non-offending mothers of 52 sexually abused children, aged 4 to 16, were asked to complete the NEO-Personality Inventory-Revised (NEO-PI-R, Costa & McCrae, 1989). Child functioning after disclosure of sexual abuse was assessed using the Child Behaviour Checklist-Parent form and a semi-structured child psychiatric interview (Child Assessment Schedule, Hodges, 1989). We tested the hypothesis that certain personality characteristics of the mother (higher scores on the 'Neuroticism' and lower scores on the 'Altruism' domain of the NEO-PI-R) are correlated with poor child functioning at assessment.

**Results :** Significant correlation was found between the examined personality characteristics of the non-offending mothers and the total scores (and a number of subscores) of the CBCL. Possible interfering factors are discussed. The results are confronted with information concerning personality characteristics of non-offending mothers from previous studies.

**Conclusion :** Evaluating personality characteristics of non-offending mothers can be useful in the assessment of sexually abused children to better understand child functioning and to adjust therapeutic intervention.

**141 CHILD NEGLECT IN CONTEXT OF PSYCHIATRIC HOSPITALIZATION 143**

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Statistical data of the last years show an increasing number of pre-school and latency age children, who are hospitalized for the child neglect at the Child Psychiatry Department. Our therapeutical program, besides the common Mental Health Service Care also includes a cooperation with the NGO.

They provide guidance of families and help them to take care of their children in everyday functioning. This paper illustrates (on some cases) the multidisciplinary system of helping families. This is a new form of a therapeutical attitude in Czech Republic.

There is also a brief presentation all problems, with usually arise during the cooperation on a level of governmental authorities.

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**PARENT'S HISTORY OF SEXUAL ABUSE ASSOCIATED WITH ADOLESCENT'S SEXUAL CONCERNS**I. Sprugevica, S. Sebre, W. Friedrich  
University of Latvia

**Objective:** This study examines the association between parents' experience of sexual abuse and the assessment of their adolescents' sexual behavior and sexual concerns.

**Method:** A series of questionnaires were administered to parents (n=233) and their children (n=306), pupils of grades 4 and 7. Parents' assessment instruments included: Adult Trauma Symptom Checklist, Child Maltreatment Interview Schedule, Child Sexual Behavior Inventory. The adolescents completed the Trauma Symptom Checklist and the Adolescent Sexual Concerns questionnaire, which is a self-assessment instrument of attitudes regarding sexuality, self-image, body-image and health.

**Results:** Higher ratings by mothers of their adolescents' sexual behavior were related to mothers' current sexual problems but not mothers' past sexual abuse. Further analyses lend support to a mediational model, suggesting that sexual abuse history of the mother has an impact on the adolescents' behavior through potentially sexualizing family behavior, such as allowing children and adults to bathe or sleep together. Adolescents' sexual concerns were correlated with their own sexual behavior and their parents' experience of sexual abuse.

**Conclusions:** These results can serve to alert professionals and parents about the subtle and not-so-subtle influences of parental attitudes and tolerance of overt sexuality within the home in relation to the adolescents' anxiety regarding sexual issues.

**ATTITUDES OF THE PROFESSIONALS  
TOWARDS CHILD ABUSE AND NEGLECT****145**

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Authors assume that a more profound review of the professional relations regarding the problem of child abuse and neglect could contribute to a higher quality level of their professional work and improvement. This is why the ICAN 2 attitudes inventory was used to survey 565 professionals involved in four systems, relevant to the problem (medical, legal, educational and social welfare system).

Applying the components model of factor analysis with rotation to varimax solution, five general attitudes were derived. The attitudes differences were considered in terms of professional gender, experience and respective system.

**FREE COMMUNICATION SESSION****FC07****METHODS OF ASSESSMENT I****146 - 150****146****Body Image Perception in Anorexia Nervosa**Klaus Hennighausen<sup>1</sup>, Daniel Enkelmann<sup>1</sup>, Christoph Wewetzer<sup>2</sup>,  
Helmut Remschmidt<sup>1</sup><sup>1</sup>Dep. Child & Adolescent Psychiatry, Philipps University Marburg, Germany<sup>2</sup>Dep. Child and Adolescent Psychiatry, University Würzburg, Germany

**Objective:** Disturbances of the perceived or ideal body image are diagnostic criteria for Anorexia Nervosa (AN) and are discussed as an important factor in the aetiology of eating disorders.

**Method:** Perceived and ideal body image were analysed in 36 inpatients with AN and 18 control patients using a computer-based image distortion technique that allowed distortion of the whole body and of body parts. A body perception index (BPI) was calculated by dividing the estimated dimension with the real dimension.

**Results:** There was no general overestimation of body dimensions in AN patients in comparison to controls but AN patients more often under- or overestimated their body dimensions. Control patients showed a significant lower ideal BPI than AN patients, whose ideal body shape was similar to the observed body shape. Profile analyses of the body part estimation procedure revealed significant differences between groups in the ideal body shape at the body regions thigh, hip, waist and chest with control patients again showing a lower BPI.

**Conclusions:** The simplifying hypothesis of a distortion in the visual perception of the own body in AN patients must be questioned and our results support the view that body image disturbances in AN are not a perceptual disturbance per se. Nevertheless there are some AN patients who have a high degree of uncertainty about their real body dimension and show a marked over or under estimation. Thus it can not be ruled out that for some patients with AN a perceptual disturbance of the body image is present and of clinical relevance for treatment and outcome.

**BODY IMAGE OF HEALTHY AND EMOTIONALLY OR PHYSICALLY ILL CHILDREN**

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Germany

**Objective:** We investigated differences in the body image of healthy, of emotionally disturbed and of physically ill children.

**Methods:** Several groups of children at the age of eight to twelve years were submitted to the „Körperbildmaltest für Kinder“ (KBMT-K) (Colour-A-Person-Dissatisfaction-Test for Children), a depression inventory and an anxiety test. Furthermore we examined the children's body knowledge. We assessed two samples of children in psychiatric in-patient treatment with disruptive behaviour (N = 32) or emotional disturbances (N = 36). Three other groups were formed of children with asthma (N = 47), in-patient diabetics (N = 34) and out-patient diabetics (N = 30). We compared the test scores with those of healthy children.

**Results:** The body satisfaction is significantly lower in physically ill children compared to healthy children and in emotionally disturbed children compared to both groups. The differentiation of the body perception is significantly higher in healthy children. We found specific body dissatisfaction areas in the different groups. We were able to demonstrate that in addition to the illness depression and anxiety had a significant impact on body perception. In contrast the knowledge of the body did not influence these concepts.

**Conclusions:** The newly developed KBMT-K test shows good results in the differentiation of the groups. It is important to give more attention to the body image of severely ill children.

**147 DEVELOPMENT OF THE "KIT - KURZ INTELLIGENZ TEST" (BRIEF INTELLIGENCE TEST)**

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(Child and Adolescent Psychiatry Berne University, CH)

**Objective:** Development of brief test of intelligence derived from modern theories of neuropsychology, cognitive psychology, and brain research. The test consists totally of 5 subtests in two main scales representing fluid or crystallized abilities. Both scales were summarized in a scale of general intelligence. An experimental version of ca. 400 items was the first sketch in the study presented here.

**Method:** The test was examined with item analysis, reliability and validity testing and a factor in a sample of 300 children and adolescents.

**Results:** After an item analysis, validity and reliability measures taken and the factor analysis confirmed the theoretical model of the test construction.

**Conclusions:** The KIT seems to be a good measure of the general level of intellectual functioning of individuals ages 4-90. The test is apt for research and screening services and can provide some data for the ongoing diagnostic procedure.

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**CBCL - new aspects (Danish standardization)**

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**Objective:** A Danish translation of "The Child Behavior Checklist" (CBCL, TRF and YSR) developed by Achenbach and Edelbrock, was validated in a mailed survey.

**Methods:** A population-based sample of 798 children (4-16 years) was compared to a clinical sample of 157 children referred for child psychiatric service. The two samples were compared at item-level, at 'total behaviour problem score', and at a number of sub-scores derived from a latent trait analysis. Logistic regression analysis was used, expressing discriminative power by odds ratios (corrected for age, sex and family SES).

**Results:** The mean 'problem score' at the CBCL was 17.7. Best cutoff was at 31 points (ROC analysis). Parents reported severe hyperactivity amongst 6.8% (boys, 6-10 years). Depression and sadness were reported in 2% (6-16 years). 6.3% of girls 11-16 years self-reported obsessions. Youths generally reported more problems than their parents and teachers did about them.

**Discussion:** By the use of latent trait analysis, four clinically relevant sub-scales were generated. An "ADHD-scale" and a "depression-scale" looks promising. The generated standards opens up for studies of different risk-groups compared to base-population. Further, a two-step epidemiological study of a school-sample of eight years old second-grade children, are planned to take place in 1999.

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**The Quality of Life Questionnaire for Child and Adolescent Psychiatry (QLQ-CAP)**

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**Objective:** Quality of life (QoL) assessment is still very uncommon in child and adolescent psychiatry. The three versions of the Quality of Life Questionnaire for Child and Adolescent Psychiatry (QLQ-CAP) are described in their dimensions using data from the validation study.

**Methods:** The development of the questionnaire included the process of finding the relevant dimensions of QoL in child and adolescent psychiatry and the construction of the questionnaire in three versions (parent, child, adolescent). After a pilot phase with interviews concerning wording and adequacy of the instrument, a validation study was conducted including 600 patients from the out-patient department as well as in-patients from the children's and adolescent's ward.

**Results:** The analysis of the three questionnaire versions showed good reliability coefficients (Cronbach's alpha) for the constructed functional and symptom scales as well as adequate construct and discriminant validity. From a small subgroup of patients data are available regarding sensitivity, e.g. the ability to pick up changes over time. The questionnaires were well accepted and understood by patients and parents. Data can be used in conjunction with assessment of symptoms to better understand the subjective view of patients in child and adolescent psychiatry.

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**FREE COMMUNICATION SESSION****FC08****BIOLOGICAL PSYCHIATRY AND GENETICS****151 - 156****Evidence for a strong association between dopamine D4-receptor genotype and season of birth in children and adolescents with an impulsive phenotype**

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**Objective:** Impulsiveness is a significant clinical problem associated with a variety of psychiatric and neuropsychiatric disorders. Cloninger (1993) proposed that individuals who score higher than average on novelty seeking are characterised as impulsive, exploratory, excitable whereas those who score lower than average tend to be reflective. The 7-repeat allele in the locus for the D4 dopamine receptor gene (DRD4) is significantly associated with novelty seeking (Ebstein et al., 1996). We therefore hypothesised that D4-receptor-gene polymorphism is associated with impulsive behaviour in children and adolescents.

**Results:** Our study (n=350) involved 168 healthy controls and 182 psychiatric in-patients (157 girls and 193 boys). The main difference in the distribution of DRD4 alleles is an over-expression of the 7-repeat allele in the impulsive group ( $X^2 = 7.4$ , d.f. = 1,  $p < 0.01$ ). Subjects having a 7-repeat allele show a correlation ( $r = 0.32$ ,  $p < 0.01$ ) between season of birth and impulsive behaviour.

**Conclusion:** The dopamine D4-receptor-gene variants D<sub>4,7</sub> or D<sub>7,7</sub> are significantly associated with an impulsive phenotype. Season of birth is one environmental marker for the severity of the disturbance. These results suggest that genetic variants at the DRD4 gene play a role in impulsive behaviour, and support the concept that variants of this gene in combination with seasonal environmental factors such as temperature and daylength modulate behaviour traits especially in the early developmental phase.

**NOCTURNAL ENURESIS: GENOTYPE AND PHENOTYPE****152**

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**Objective:** Nocturnal enuresis is a familial disorder with a high rate of affected relatives and an autosomal dominant mode of inheritance in many families. The objective of the study was to perform linkage studies in multigenerational families and to analyse associations between phenotype and genotype.

**Method:** From 167 children (age 5;0 to 11;0 years) with nocturnal enuresis, 42 children from 35 different families with 130 relatives were selected for linkage analyses with PCR-microsatellite markers D 8S260 and D 8S257; D 12S80 and D 12S43; D 13S291 and D 13S263; D22S446, D22S156 and D22S257. The clinical and behavioural phenotype was studied in detail.

**Results:** Moleculargenetically, a positive linkage was found to 8q in 11 families (11 patients); to 12q in 11 families (13 patients); to 13q in 13 families (16 patients); to 22q in 11 families (14 patients). There was no specific association to the phenotype of wetting, which included primary and secondary nocturnal enuresis, as well as combined day and night wetting. The psychiatric comorbidity was low for the whole group.

**Conclusion:** The results demonstrate locus-heterogeneity for nocturnal enuresis with four different loci. Clinically, there is clear evidence of heterogeneity with no specific association of the type of wetting with positive linkage. The identification of candidate genes is planned.

**151****153****CYTOKINE-EFFECTS ON THE SEROTONINERGIC NEURO-TRANSMISSION OF THE RAT.**

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**Objective:** In depression and schizophrenia it is still discussed whether changes observed in the immune function are causing the disease or are the consequence of the altered brain function. In the communication between the immune and the central nervous system cytokines released from the immune cells may play a major role. We report here the effects of several cytokines on the serotonergic transmittersystem, involved both in depression and schizophrenia.

**Methods:** In this study we report the effects of the cytokines interleukin (IL)-1, tumor necrosis factor (TNF)- $\alpha$ , IL-2, IL-4, IL-10 and interferone (IFN)- $\gamma$  on the central serotonergic neurotransmission of the rat. Serotonin metabolism was studied using in vivo differential pulse voltammetry with carbon fibre electrodes in the conscious freely moving rat.

**Results:** While IL-1 and TNF- $\alpha$  lead to activation of serotonergic transmission, the T-cell cytokines IL-2, and IFN- $\gamma$ , but also the inhibitory cytokines IL-4 and IL-10 lead to significant reductions of the serotonin metabolism, especially in the frontal cortex, while the metabolism in the raphe nuclei was unchanged.

**Conclusion:** These data support the role of peripheral cytokines in the communication between the immune and the central serotonergic neurotransmitter system and support the role of immune changes in the pathology of psychiatric diseases.

**CYTOKINE AND ANOREXIA NERVOSA**

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**Objective:** Several studies seem to be in favor of a bidirectional interactions among nutrition, the immune response and a psychopathologic model. Recent studies have indicated inflammatory cytokines may play roles in anorexia nervosa and its complication. To determinate the potential role of interleukins (IL1, IL2, IL4, IL6, IL10), interferon (IFN $\gamma$ ), tumor necrosis factor (TNF $\alpha$ ) and transforming growth factor (TGF $\beta$ ) in anorexia nervosa, serum concentrations of these cytokines were measured in patients suffering from anorexia nervosa in comparison of healthy subjects.

**Methods:** Twenty nine anorectics girls (DSM IV diagnostic) participated in the study. The control group consisted of twenty age-matched healthy girls without eating disorders, mood disorder and immunological disorder. Serum cytokines concentrations were determined by enzyme-linked immunosorbent assay (ELISA). Results: We find that serum IL2 and TGF $\beta$  concentrations were both significantly diminished in anorectic patients. While the other cytokines did not differ significantly between the two groups.

**Conclusions:** Our results show, in patients suffering from anorexia nervosa, a negative modulation of certain cytokines (especially IL2 and TGF $\beta$ ). It may be affected by impaired nutrition, therefore these cytokines may contribute in anorexia nervosa's complications. Furthermore, follow-up studies should integrate a plurifactorial modal which could help us to understand a psychopathologic point of view where factors as starvation, depression, stress could induced a causal interplay between cytokines, neuropeptides and neurotransmitters.

**Key Words:** Anorexia nervosa, Cytokines, IL2, TGF $\beta$ .

**154 ONDANSETRON TREATMENT IN PATIENTS WITH 156 TOURETTE'S SYNDROME**

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**Objective:** Ondansetron, a selective 5HT<sub>3</sub> antagonist, may lower mesolimbic dopaminergic hyperactivity. The present open-label pilot study evaluated the effect of ondansetron in Tourette's syndrome (TS).

**Methods:** Six TS male patients aged 14 to 48 years resistant to haloperidol participated in the study. Assessments included the Yale Global Tic Severity Scale (YGTSS), Yale-Brown Obsessive Compulsive Scale (Y-BOCS), and TS-Clinical Global Impression (TS-CGI) scale. The maximal ondansetron dosage (8-16 mg per day) was given for 3 weeks.

**Results:** Ondansetron treatment was associated with a significant decrease in the severity of tics. Two patients showed a definite response (score improvement of 40% or more), and two showed a probable response (> 25%). Two patients did not improve. Side effects were transient and included abdominal pain (n=5) and constipation (n=2).

**Conclusions:** Ondansetron may possess anti-tic effects in some TS patients.

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**A NEW METHOD FOR THE DETERMINATION OF OLANZAPINE IN SERUM SAMPLES OF SCHIZOPHRENIC ADOLESCENTS**

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**Objective:** Olanzapine (LY170053, 2-methyl-4(4-methyl-1-piperazinyl)-10H-thieno[2,3-b][1,5]benzodiazepine) is an atypical antipsychotic agent, structurally similar and with a binding profile similar to clozapine. In clinical studies, olanzapine is effective in the treatment of both positive and negative symptoms of adult and adolescent patients with schizophrenia.

**Methods:** This study describes a method for determination of olanzapine and two major metabolites, 2-hydroxymethyl-olanzapine and N-desmethyl-olanzapine in serum samples of adolescent schizophrenic patients during maintenance therapy. The method is based on deproteinization of the serum with subsequent Reversed phase HPLC with electrochemical detection. Adolescent schizophrenics, mean age 17 years, were treated with 7.5 to 20 mg/d Olanzapine.

**Results:** This methods allows the separation and quantification of olanzapine and two major metabolites, 2-hydroxy-olanzapine, and N-desmethyl-olanzapine by HPLC with electrochemical detection. The separation was achieved within 10 min. The method is sensitive to quantitate olanzapine and its metabolites accurately at 1 ng/ml. Olanzapine was found in serum samples in the range of 13 - 60 ng/ml serum. Preliminary methodological issues are presented and dose-response relationships are discussed.

**POSTER SYMPOSIUM****PS 01****MOOD AND AFFECTIVE DISORDERS I****157 - 165****CHILD AND ADOLESCENT DEPRESSION 1934-1950:  
CLINICAL PREVALENCE.****158**

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Until the 70's the entity of child and adolescent depressive disorder, also called dysthymia or melancholia, has been subject of controversy between two theoretical assertions; on the matter of a very few practical studies as seen reviewing reports from 1930 to 1950, with scarce clinical dates.

**Objective and Method:** Review of clinical statistics in a school psychiatric clinic of the Spanish School Medical Service.

**Results:** Of 2352 patients aged 4-16 years in consult between 1934 and 1950, 67 (2,48%) received a diagnosis of depression, with a prevalence slightly higher in female sex (3,76%) than in male sex (2,27%). In 22,3% of the 67 depressed patients depression was the only diagnosis, the remaining 77,6% had 1 to 6 comorbid diagnoses. The higher prevalence of depressive disorder results was during the Spanish civil war and postwar period (4,40%/year between 1938 and 1943), with the higher prevalence/year in 1941 (7,56%).

**Discussion:** The same psychiatrist diagnosed all cases during this period, without changes in his concepts about child and adolescent depression.

**157****SUBCLASSIFICATION OF DEPRESSIVE SYMPTOMS IN  
A SAMPLE OF SPANISH CHILDREN**

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**Objective:** Developmental approaches to the diagnosis and classification of affective conditions among children require more investigation, though they are going to be difficult to define. Our investigation tries to be a first step to the classification of depressive symptoms in Spanish children.

**Methods:** For this purpose we address:

1. Clinical records of a group of depressive children who were assessed in a Children and Adolescent Mental Health Center of Alcobendas (Madrid)
2. Data were collected in a form designed specifically for this purpose
3. Data were processed by SPSS for Windows 95

**Results:** We don't find any significant differences among the four factor symptoms classification by Ryan et al.(1987). The most frequent is the anxiety factor. Most of the patients were adolescent females, referred by their Primary Care Doctor because of symptoms of the affective spectrum.

**Conclusions:** We can't make any subclassification of depressive symptoms in our sample, probably due to the small size of it and the retrospective nature of the study. Our purpose is to continue this work.

**159****PHENOMENOLOGY AND PSYCHOSOCIAL CORRELATES  
OF MAJOR DEPRESSION AND DYSTHYMIA IN TEENS**

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**Objective:** To compare the phenomenology and psychosocial correlates of major depression and dysthymia among adolescents diagnosed as cases in a community-based epidemiological study. **Method:** A self-report questionnaire was administered to a random sample (N=3287) of adolescents aged 11 to 20 years from several Haute-Marne communities. Then, subgroups of subjects (N=209) were interviewed using structured diagnostic schedules and DSM-III-R criteria. Subjects with major depression (N=49), dysthymia (N=32) and normal controls (N=134) were compared. **Results:** Nearly 30 % of controls had at least one current symptom of depression. The most prevalent symptoms were similar in depressive and dysthymic subjects. Significant differences appeared in comorbid conditions (higher rates of anxiety disorders and suicidal behaviors associated with major depression), and stressor at onset (more severe in depression). Experience of loss during the past 12 months seemed to be a specific correlate of major depression, and bad family relationship of dysthymia. Psychosocial consequences were important for both groups with significant interference with school work and social life, emotional distress and treatment seeking limited to 30 %. By contrast, peer relationships and pathological conducts did not differ from controls. **Conclusion:** The results presented provide strong evidence that depression and dysthymia in adolescents are underdiagnosed and undertreated, although their consequences on psychosocial functioning are severe. More research should be promoted on this field, in particular regarding dysthymia, as it does not deserve the same attention in literature.



**EARLY MANIFESTATION OF DEPRESSION IN ADOLESCENT UNDER PROTRAGED PSYCHOGENY CONDITIONS**

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The spreadness of depressive disorders in adolescents at the penitentiary condition caused the necessity of study of differential-diagnostic signs for early discovery of these disorders.

46 adolescents in the age of 16...18, being admitted to the medical unit of jail were studied by clinico-psychopathological methods due to appeared behavioral disorders. Affective disorders were found in 24 cases that turned to be mild and moderate depressive episodes. Analysis of such cases showed that initial manifestation of depressive episodes were syndromally uncertain. Main of them showed hesitation of mood with unstable depressive affect since apathy, uncareness, fixing on the psychotraumatic experience and idea that life has no future till hope with optimistic estimation of future. Patients became either slow, sensitive or demonstrative, tried to find empathy, spoke about traumatic situation in detail. They often gave somatic complains, rejected to follow the unit's time-table. Under the interview were unsatisfied, anxiety, constantly grumbled. They waited abuse from the prisoners. Showed bad attention, memory difficulties, bad slipping, nightmares.

Complexes of identifications of depressive disorders in adolescents were defined by presence of psychopathic-like, istero-hypochondric forms of behavior, disforic, distimic and astenic episods in the structure of depressive affect.

**EXPRESSION OF DEPRESSIVE SYMPTOMS IN TEENAGERS**

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Clinically expressed symptoms were studied in teenagers in Tartu and its district in 1997-1998. Included were 771 pupils from 5th to 12th grade (11-18 years).

T. Achenbach's Child Behavior Checklist was used. Depressive symptoms in clinically important range were found in 66 pupils, i.e. in 8.56% of pupils. That includes 5.58% of borderline clinical symptoms and 2.99% of significant clinical symptoms. Also variants of depressive syndrome (i.e. syndromes that may coexist with depressive syndrome) were studied. It was found that 2.08% had depressive syndrome with withdrawness, 1.95% had depressive syndrome with somatic complaints, 2.3% had depressive syndrome with social problems, 1.56% had depressive syndrome with thought problems, 3.5% had depressive syndrome with attention problems and 2.33% had depressive syndrome with delinquent behavior. Depressive syndrome with aggressiveness was not found.

**160 THE CRITERIA OF SYNDROMIC APPRECIATION OF CHILD DEPRESSIONS 162**

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Because the symptomatics of child depressions is "masked", uneven, and unstable, they are recognized very difficultly and often slip psychiatrist's mind. The goal of this research was to bring to light the criteria for delimitation of child depressions from phenomenological similar conditions. Among vast clinical material (486 depressions in 195 children under 12), three most complicated for correct syndromal appreciation typological variants particular deserve special attention: somatised depression hidden behind somato-vegetative and algetic disorders (79 cases); depression with behavioral violations which often are incorrectly qualified as psychopathic-like syndrome of various origin (71 cases); and stupid depression with "pseudodebility" which quite often is treated as oligophrenia in case of protracted course or of frequent reiteration (28 cases). While retrospective analysis there was selected the groups of differential diagnostic signs for the everyone from that typological variants of depression. The most significant from them are: circadian and seasonal manifestations, change of child's external appearance and emotional reactions, polar change of "nature" and of play forms, decreasing of activity, limitation of contacts, depth of social (school) disability, sleep disorders, existence of additional symptomatics. Indirect signs are heritable aggravation (affective psychoses) and positive effect of antidepressants.

**161****BEHAVIORAL PHENOMENA IN DEPRESSION AMONG ADOLESCENTS**

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**Objective:** The purpose of this study was to determine relationship between depression and behavioral specificity in adolescents.

**Methods:** The subjects were 805 adolescents 13-18 years old. They were examined both: clinically and with the using of battery of tests and questionnaires (Beck Depression Inventory, Ethnopsychosocial and psychological research instruments).

**Results:**

- 1) Depression of 60 patients manifested by behavioral equivalent in its variety from against disciplinary attempts to delinquency. Behavioral pathology in adolescent's depression has preventive nature, mostly to eliminate mental pain by using drugs, alcohol and smoking. Antidepressants and finlepsin help to reduce behavioral pathology in depression.
- 2) Almost three times higher prevalence of depression among adolescents in Seoul (Republic of Korea) in compare with adolescents of Tashkent (Uzbekistan, ex- Soviet Republic) was explained by the influence of psycho-social environmental factors with the leading position of pressure to achieve. The nature of this phenomenon strictly relates with high expectation to succeed socially and professionally and the fear of failure or the thread of failure.
- 3) More than 88 adolescents were engaged to business activity. The structure of mixed affective state, the influence of factors such as individual psychological (reaction of compensation and hyper-compensation) and psycho-social (orientation of referral group) play roles in an engagement to commercial activity.

**Conclusion:** In interpretation of our results it is necessary to underline that presented data concrete some modern statement about forming depression in adolescents: personal reaction towards deace, the influence of psycho-social factors, comorbidity of behavioral disturbances and affective disorders.

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# TRAINING GENERAL PRACTITIONERS (GPs) TO IDENTIFY + MANAGE ADOLESCENT DEPRESSION: FEASIBILITY + EFFICACY

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**Objective:** Depression in adolescents is invariably unrecognised by GPs and thus untreated. Presentation is almost always with physical complaints although 20% may be suffering a depressive disorder. The main aims of the study were: (1) to assess the feasibility of increasing the recognition and enhancing the management of adolescent depression by means of training GPs in an intervention to be used opportunistically at the time of GP consultation and (2) to examine the effects on depressive symptomatology 3 months later.

**Methods:** 9 GPs from a single practice received 2 training sessions. This was supplemented by a study manual, desktop aids and a computer template. For 6 months, GPs were asked to screen all consulting adolescents (aged 13-17) for depressive disorder and if present to intervene using the suggested management strategies derived from interpersonal and cognitive behavioural therapy. Teenagers completed the Mood and Feelings Questionnaire (MFQ) to screen for depression. Those screening positive and those identified as depressed by the GP were followed up at 3 months. Assessment included the Schedule for Affective Disorders and Schizophrenia (Child Version), the MFQ and feedback from the adolescents about the intervention.

**Results:** 186 adolescents participated (median age 15.7, male 84 (45%), 85 (48%) attended as emergency, 92 (50%) consulted alone). Sixty-nine adolescents were invited for interview; 44 (64%) agreed. Sixteen (9% attenders) were identified as depressed by the GP. This compares with an identification rate of 6% in the same practice prior to training. The intervention was generally well received by GPs and adolescents. Preliminary analysis shows a significant difference in depressive symptomatology on the MFQ at the index visit for those receiving the intervention as compared to those screening positive but not receiving the intervention ( $p=0.001$ ). Analysis of the impact of the intervention on the course of depressive symptomatology is currently being completed.

**Conclusion:** Preliminary results suggest this kind of intervention is feasible and well received. Further analysis with regard to efficacy is awaited.

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## POSTER SYMPOSIUM

PS 02

## SCHIZOPHRENIA

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# ABSENCE OF COGNITIVE IMPAIRMENT IN TEENS TREATED WITH ECT FOR SEVERE MOOD DISORDERS

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**Objective:** Given the limited knowledge on long-term cognitive effects of electroconvulsive therapy (ECT) in young people, the study aimed to evaluate cognitive functions at follow-up of adolescents treated with ECT for mood disorder. **Method:** 10 subjects treated during adolescence with bilateral ECT for mood disorder, and 10 psychiatric controls matched for sex, age and clinical diagnosis, completed, at least one year after treatment, a clinical and cognitive evaluation including the Mini-Mental State Examination, the Attention Section of the Wechsler Memory Scale-R, the California Verbal Learning Test, and Squire's Subjective Memory Questionnaire. **Results:** Mean duration between last ECT treatment and time of cognitive evaluation was 3.5 years (range: 1.4 to 7.3 years). All cognitive function scores of patients treated with ECT and of controls were similar, and not different from norms from the general population for standardized tests. Most patients (6/10) reported that they had transient spotty memory loss immediately following their ECT course. Only one patient complained of subjective memory impairment at follow-up. In addition, the two groups did not differ at follow-up for social functioning and school achievement.

**Conclusions:** The results suggest that adolescents given ECT for severe mood disorder do not suffer measurable cognitive memory impairment at long-term follow-up, and do not differ in subsequent school and social functioning from matched controls.

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# EARLY-ONSET SCHIZOPHRENIA: EVALUATION OF PRODROMAL SYMPTOMS FOR OUTCOME AND PROGNOSIS

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**Objective:** A great number of patients with early-onset schizophrenia (EOS) develop a range of early signs and negative symptoms years before the actual outbreak of productive symptoms. The detection of early signs is difficult, but it is a precondition for the implementation of early intervention programs.

**Method:** 40 inpatients from the southern parts of the State of Hessen with a diagnosis encompassing overt psychotic features, using the DSM-III-R criteria, aged 12 to 19 years, were included. Nearly 30 were interviewed with the Diagnostic Interview for Genetic Studies (DIGS) and tested with the WAIS-R.

**Results:** Subprofiles of the WAIS-R (PA and BD differences) and impairment in social adaptation correlated with negative symptoms, failure of school achievements and isolation.

**Conclusion:** The study gives some hints to the overlap of negative symptoms and the short time prognosis, and retrospectively to achievement failures. Thus, routine clinical examinations including psychological testing and social history reports could give more than a tentative advice to early recognition of EOS.

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**<sup>31</sup>P-MRS IN CHILDREN AT RISK FOR SCHIZOPHRENIA**

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**Objective:** <sup>31</sup>Phosphorus Magnetic Resonance Spectroscopy (<sup>31</sup>P-MRS) studies have reported alterations of phospholipid metabolism and high energy phosphates in brain of adult schizophrenics. The purpose of the present study was to evaluate whether these findings are also true for young first-degree relatives of patients with schizophrenia, suggesting a potential trait marker for schizophrenic disease.

**Methods:** Children and siblings of schizophrenic patients (n=10; Ø17,0 years) and a control group (n=10; Ø17,9 years) were included in a <sup>31</sup>P-MRS study. An image-selected in vivo spectroscopy (ISIS) with double volume selection (mean size 28x28x50mm) mainly in the dorsolateral prefrontal cortex (DLPFC) was used. The scanning procedure was performed on a 1,5 Tesla (Philips Gyroscan ACSII) MR tomograph.

**Results:** We found increased phosphodiester ratio (PDE%) in persons with a genetic risk for schizophrenia. Phosphocreatine (PCr%) and PCr/ATP were similar in both groups, indicating unaltered high-energy phosphate levels.

**Conclusions:** The increased PDE% levels suggest an increased phospholipid breakdown. This corresponds with previous findings in unmedicated, first-episode schizophrenics and with the phospholipid hypothesis underlying the neurodevelopmental concept. According to this biochemical hypothesis increased activity of phospholipase A<sub>2</sub> and/or increased loss of brain-specific essential fatty acids contribute to the altered phospholipid metabolism. The increased PDE% in persons at genetic risk for schizophrenia but without clinical manifestation of the disease may be a trait marker. A decrease in energy-demanding processes in the DLPFC, as determined in schizophrenic patients before, could not be confirmed.

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**FIRST PSYCHOTIC EPISODE: PROGNOSTIC CRITERIA AND THERAPEUTIC STRATEGIES**

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**Objective:** In adolescents, a first psychotic episode is a critical event: aim of this study was to identify clinical features predictive for prognosis and response to treatment.

**Methods:** 26 adolescents suffering at age 12-17 for schizophreniform disorder (21) or manic episode with psychotic features (5) were reexamined at two year follow-up. Patients were diagnosed with Kiddie-SADS PL according DSM-IV and RDC criteria; symptomatology, social functioning and therapeutic response were evaluated with BPRS, PANSS, and C-GAS.

**Results:** 10 patients were diagnosed as Bipolar, 4 Schizoaffective, 10 Schizophrenics. Schizophrenics and Schizoaffective showed poor premorbid adaptive function, more insidious onset and poorer outcome; atypical neuroleptics resulted more effective and safe than classical neuroleptics. Long term treatment with mood stabilizer and shorter period with atypical antipsychotic lead to recovery in several Bipolars.

**Conclusions:** Poor premorbid adaptive function and insidious onset appear crucial variables for outcome from first psychotic episode; atypical neuroleptics can be considered as a first-line therapeutic agent for this patients.

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**EARLY-ONSET SCHIZOPHRENIA: WITH DRUG ABUSE AND WITHOUT**

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**Objective:** Early-onset schizophrenia (EOS) is a severe mental disorder occurring in childhood or adolescence. Etiology and pathogenesis are until yet unknown. Outcome of EOS is more severe than in adults and mostly dominated by negative symptoms. Comorbidity of EOS and substance abuse (SA) makes it often difficult to find the right psychiatric diagnosis, even schizoaffective disorders can not clearly be differentiated from EOS.

**Method:** 40 inpatients of Rhine-Main-area, aged 12 to 19 years, were included. All patients were given a diagnosis of the schizophrenia-related spectrum according to DSM-III-R. Nearly 30 were interviewed with the Diagnostic Interview for Genetic Studies (DIGS) and tested with the WAIS-R.

**Results:** 19 patients reached diagnosis for substance / alcohol abuse, 18 for nicotine dependence, 6 for affective disorder. Other diagnoses found were : agoraphobia, social phobia, conduct disorder. 2 patients reported suicidal attempts.

**Conclusion :** Half of the sample shows a comorbidity of EOS and SA, whereas in 80 % substance abuse occurs after outcome. SA might be therefore a form of selfmedication. IQ-profiles of both groups show concentration deficits and social interaction impairment. It seems that patients using drugs get higher IQ-scores indicating a higher level of social functioning.

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**A CLINICAL STUDY OF CHILDHOOD ONSET SCHIZOPHRENIA**

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**Objective:** To study the clinical profile of patients diagnosed as childhood onset schizophrenia, in order to provide a clinical description for better, categorization of the disorder.

**Methods:** Case files of patients registered in the Child & Adolescent Psychiatry Clinic of the PGIMER during 1985-95 (10 years) were reviewed to pick up cases of childhood onset schizophrenia diagnosed, as per ICD criteria. Sociodemographic, clinical history and examination, treatment variables were recorded. The children were followed up for assessment of their current clinical state and response to treatment. Patients were divided into two groups of early onset EOS (onset between 12-16 years) and very early onset. VEOS (onset below 12 years) and compared in various clinical, sociodemographic and treatment variables. **Results:** 35 cases (15 EOS + 20 VEOS) were recruited in the study. Mean age of onset in EOS was 13.53 years (range 13-15 years) and VEOS was 10.6 years (range 7-12 years). Both groups were comparable on sociodemographic variables. EOS had more often acute onset (60% Vs 30% in VEOS). Majority in EOS (73%) and in VEOS (95%) had progressive course. There was greater frequency in VEOS of mental retardation (35% vs 20% in EOS). Epilepsy was seen in 13% and 15% of EOS and VEOS respectively. Commonest symptom was muttering and laughing to self and behavioral oddities in both the groups. VEOS had more often disinhibited and ritualistic behavior and less often auditory hallucinations as compared to EOS. EOS showed better improvement to neuroleptic drugs as compared to VEOS.

**Conclusions:** VEOS is a more severe form of childhood onset schizophrenia, associated with cognitive deficits, progressive course and poor response to drugs.

**BEHAVIORAL THERAPY WITH SCHIZOPHRENIC ADOLESCENTS 171***N. Kienzie, A. Althoff**Rottmannshöhe, Department of Adolescent Psychiatry of Heckscher-Klinik Munich, D-82335 Berg, Germany*

In this poster, we describe the strategies of behavioral therapy we use at our hospital to treat psychotic adolescents who need long-term therapeutic and rehabilitative help. We focus on the aspect of behavioral therapy since besides psychopharmacological agents this is according to present research the most important treatment both in order to attain satisfactory effects of therapy and also for secondary prevention. Furthermore, strategies of behavioral therapy (creation of readily-appraised and predictable structures, counseling to assure reality, information/psychoeducation, computer-assisted training, Integrated Psychological Therapy for Schizophrenic Patients, behavioral family therapy, therapy oriented to coping) can in part be used in traditional psychiatric treatment such as ergotherapy, art and music therapy and even in the hospital school.

**ADOLESCENT - ONSET SCHIZOPHRENIA: A 15-YEAR FOLLOW UP STUDY 173***B. Röpcke, C. Eggers**Clinic for Child and Adolescent Psychiatry and Psychotherapy, University of Essen, Hufelandstraße 55, 45030 Essen.*

**Objective:** Description of psychopathological and social outcome of patients with DSM IV schizophrenia and schizoaffective disorders after a mean follow up period of 15,7 y (10,2-21,2 y). Analysis of possible predictors for outcome.

**Methods:** Out of 53 patients, consecutively admitted between 1979-1988, 44 (83%) could be reevaluated. Mean age of onset 15,5 y (10,33 - 19,83 y), mean age at follow up 30.8 y (22,50-37,0 y).

**Results:** At follow up 81 % had at least one rehospitalisation. Rate of full remission 18 %, moderate outcome 48 %, poor outcome 34 %. Severe or very severe impairments of global social functioning (GAF) in 48 %. At follow up 80 % are financial dependent from public assistance. Best predictor of outcome is type of onset ( Stepwise regression: Beta = ,54). Insidious onset is correlated with poor outcome. Initial symptoms and duration of untreated psychosis (DUP) are of less predictive value for outcome. Only slight differences in global outcome between males and females and between schizophrenics and schizoaffectives.

**Conclusion:** Psychopathological and social outcome is comparable to adult - onset schizophrenia. Courses are very heterogeneous. There is a subtype (25 %) with premorbid poor adjustment and insidious onset leading to very poor outcome. DUP as a predictor for outcome seems to be a methodological artefact, interacting with type of onset.

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**EXPRESSED EMOTION IN VERBAL AND NONVERBAL "FACE-TO-FACE"-COMMUNICATION BETWEEN ADOLESCENT SCHIZOPHRENICS AND THEIR RELATIVES***B. Ramsauer, F. Resch, P. Parzer,  
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So far, little research on the influence of expressed-emotion (EE) attitudes of key relatives of adolescent schizophrenics on the verbal and nonverbal expression of affect in face-to-face communication has been conducted. Therefore, the behavior of schizophrenics (n = 15) and their relatives during 10-minute interactions, recorded at the time of discharge, was compared to a control group of non-disturbed dyades (n = 17). The methods used were: Five-Minute-Speech-Sample(FMSS)-ratings for expressed-emotion(EE)-level and the Rating-Scale(RFI) for verbal behavior. The corresponding head-positions - expressing refusal or approach - were coded by the Berner System. Social functions of expressed affects were examined.

The results show significant differences between patient and control samples. Schizophrenics show less theme-oriented verbal and more rejective nonverbal behavior towards their relatives than the control group. Patients with high-EE-relatives exhibited the highest rejective behavior.

Relatives of schizophrenic adolescents are significantly less theme-oriented and more intrusive than the relatives of the control group. The former more frequently show a specific position of head: they face the patient, but bend the head, avoiding to look at their counterpart. There is no EE-effect on their positive verbal behavior.

**POSTER SYMPOSIUM****PS 03****ASSESSMENT METHODS****174 - 182****A German version of the Junior Temperament and Character Inventory****175**K. Goth & K. Schmeck, Dept. of Child & Adolesc. Psychiatry,  
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**Objective:** JTIC (Junior Temperament and Character Inventory) was developed to assess temperament (Novelty Seeking, Harm Avoidance, Reward Dependence) and character dimensions (Self-Directedness, Cooperativeness, Self-Transcendence) of Cloninger's biosocial model of personality in adolescents. We adapted the US version to German. Psychometric properties of the questionnaire are presented.

**Method:** We used the German version of JTIC in a clinical sample of 180 adolescent psychiatric patients (12-18 y.) and in a non-referred sample of 706 German adolescents of the same age range. Aspects of reliability and validity are checked.

**Results:** We subjected JTIC to exploratory factor analysis and were able to replicate the temperament and character scales of the original TCI. Internal consistencies of the scales lie between .66-.67 (Novelty Seeking), .80-.82 (Harm Avoidance), .34-.51 (Reward Dependence), .71-.72 (Self-Directedness), .62-.66 (Cooperativeness) and .69-.73 (Self-Transcendence). Patients show significantly lower Self-Directedness than non-referred adolescents, temperament scales distinguish between different diagnostic groups.

**Conclusion:** Reliability of the questionnaire is satisfactory with the exception of the scale Reward Dependence which will be revised. Clinical use shows promising results.

**174****REDISCOVERING DESIRE. Reciprocity and will.**

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AMA-Recertif. committee. Buenos Aires, Argentina

**Natural context:** Desires (des) are key issues in common human conflicts, normal parent-child and peer relationships, motivation, advertising, political language and practice, appropriations and "bad desires". Literature review shows a vacuum on psychopathology of desires.

**Technical context:** Lived desires are confined to sexuality, hope or outside parental/social des. Black box, cognitive paradigm, activity or results are outside from des. Desires are disguised into affect, imagination and changing waft of human intimacy. Scientific neutralisation of relationship need a precise descriptive and operational definition of desire as vivential instrument

**Objectivation:** Folk psychology relies on perception, cognition, affect and desire. Desires organizes expectation and passions warms relationship. Both are different modes of working intentionality. Normal or abnormal desires operate always in a mutuality sense, with a different result. Desire works from own or from alter perspectives. From child abused syndrome to mother battered syndrome, very young offenders/murderers, increasing conduct disorders show the close relation between desires and power administration. Key issues of desire structure are: 1) *Mutual vivential instrument*. 2) Points into an *interaction*, not an object, with a proceeding *rational natural course*. 3) *Oriented temporation*, relative and historic act. 4) Progressive *personalisation* result.

**Desecration:** Desire intentionality presents biological perspectives. From sexuality to learning desire works with organized biology, timing, expecting and promising and then compromise. *Psychopathology* (forcing compulsions, invaded autism, irrational proposals of anxiety) presents limitations or deformations of desire. Desire structure could alter course and drive into a distorted course. Necessity replaces desire. Hostility replaces reciprocity. *Treatment needs* always more than compliance. Will claims for mastery of its psycho instrument at intentional carrefour of moving biology and sense.

**Proposal:** Desires act as *facilitators* -functional- or *obstacles* -disrupted- to personal mutual interaction.

**176****THE „CASTLE-TEST“ AS A PROJECTIVE DRAWING PROCEDURE**

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**Objective:** As part of a study the importance of the „Castle-Test“ („Schloß-Test“) was investigated in the sense of a projective drawing procedure in Child and Adolescent Psychiatry.

**Methods:** Instructions and questionnaires were developed taking evaluations from relevant literature. The tests were carried out on 71 patients aged between six and seventeen who were attending the outpatient department of Child and Adolescent Psychiatry of the University Clinic of Tübingen. The results have been recorded with descriptively statistic methods.

**Results:** The study showed that in all drawings the ground elements wall, house and tower were present. That is to say all the requirements for building a castle. However, only in a very few examples the elements were put together in a harmonious fashion, appearing instead very different but strongly expressed. A correlation between the preferred architectural ground elements and the clinical diagnoses became clear. 88 % of those with ongoing disturbing social behaviour preferred the wall element while 75 % of those with mainly family problems preferred the house element. 75 % of all the participants who suffered Anorexia nervosa or Bulimia nervosa preferred the tower element.

**Conclusions:** The results of the study give evidence, that preferring one or the other of the architectural ground elements while drawing the castle specific inner psychological processes are reflected.

**SELF-REPORT ChildTPQ AND TEACHER'S RATING FORM 177***M. Brandorf, C.R. Cloninger, T. Przybeck**Department of Health Sciences, Box 823, S-301 18 Halmstad, Sweden and Center for Psychobiology of Personality, 4940 Children's Place, St. Louis, MO 63110, USA*

**Objective:** Development and validation of a childhood version of Cloninger's TPQ (Tridimensional Personality Questionnaire) and a Teacher's Rating Form.

**Methods:** 151 ten-year-old pupils (72 boys, 79 girls) completed the self-report ChildTPQ. For each pupil the teacher filled out the Teacher's Rating Form. Basic psychometric properties for both self-report and teacher-rated measures were calculated.

**Results:** Internal consistency (Cronbach's alpha) for the ChildTPQ was .71 (Novelty Seeking), .78 (Harm Avoidance) and .58 (Reward Dependence). There were significant correlations between temperament scales from self-report and teacher-ratings for Novelty Seeking ( $r=.30$ ), Harm Avoidance ( $r=.20$ ) and Reward Dependence ( $r=.20$ ). The self-report and teacher-ratings showed that gender is significantly correlated with Novelty Seeking (boys score higher) and with Harm Avoidance and Reward Dependence (boys score lower).

**Conclusion:** The results are interesting and this study will be repeated with the same pupils at age of 12. The Reward Dependence scale has a rather low Cronbach's alpha and will be improved.

**COMPARING THE GERMAN VERSIONS OF THE STRENGTH AND DIFFICULTIES QUESTIONNAIRE (SDQ-D) AND THE CHILD BEHAVIOUR CHECKLIST (CBCL) 179***H. Klasen (1), W. Woerner (2), D. Wolke (3), R. Meyer (4), St. Overmeyer (5), Chr. Kuhn (6), R. Goodman (1)**(1) Department of Child and Adolescent Psychiatry, Institute of Psychiatry, De Crespigny Park, London SE5 8AZ, GB; (2) University of Goettingen, Goettingen, D; (3) University of Herfordshire, Hatfield, GB; (4) University of Wuerzburg, Wuerzburg, D; (5) Friedrich Schiller Universitaet, Jena, D; (6) Eberhard Karls Universitaet, Tuebingen, D*

**Objective:** The Strength and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire that can be completed in 5 minutes by the parents and teachers of those aged 4 to 16. The scores of the English version of the questionnaire correlate well with those of the considerably longer Child Behaviour Checklist (CBCL). The present study compares the German versions of the two parent questionnaires.

**Method:** Both the SDQ-D and the German CBCL were administered to the parents of a sample of 289 children. 182 children came from mental health clinics, while 109 came from a low risk sample. The predictive validity of the two questionnaires was examined.

**Results:** Preliminary results indicate that scores of both SDQ-D and CBCL-D correlate highly for total problems, externalising and internalising problems, inattention/hyperactivity and social problems. As judged from the area under ROC curves, the two questionnaires are equally able to distinguish between clinical and community samples.

**Conclusion:** The SDQ-D is comparable to the German CBCL in assessing the most common areas of childhood behavioural and emotional problems. Its brevity and low cost make the SDQ a particularly suitable screening measure for large samples, while the CBCL covers a broader range of problems and might be more suitable for some clinical or diagnostic purposes.

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**IS SENSATION SEEKING A CLINICALLY PRACTICABLE CONCEPT?***J. Junglas**Department of Child and Adolescent Psychiatry and Psychotherapy, Rheinische Kliniken, D-53111 Bonn, Germany*

**Objective:** Many researchers pointed out, that sensation seeking is important of the development of drug addiction in adolescents. Zuckerman et al tried to prove that sensation seeking is a central construct of psychic disturbances with biological relevance. But the construct finds little attention in everyday clinical practice.

**Methods:** Based on the suggestions of Russo we test a german version of the sensation seeking scale for children in a clinical sample. We decide for a one-dimensional scale, that permits a simple application; in a self-assessment and a parents form.

**Results:** Compared with other assessments (CBCL, YSR etc.) we find that sensation seeking is connected with more emotional disturbances together than only with drug addiction. It seems to be a correlation between high sensation seeking an need for psychoactive drugs.

**Conclusions:** Sensation seeking can be a construct that biological and psychological levels connects.

**The Clinical Assessment Scale for Child and Adolescent Psychopathology***M. Döpfner, G. Lehmkuhl, H. Flechtner, W. Berner, T. Wolff**Metternich, H.C. Steinhausen, I. Goodyer, F. Verhulst**Departments of Child and Adolescent Psychiatry at the Universities of Cologne, Zurich, Cambridge and Rotterdam*

**Objective:** Description of the Clinical Assessment Scale for Child and Adolescent Psychopathology (CASCAP) as a standardized clinical rating scales for the assessment of psychiatric symptoms of children and adolescents.

**Method:** Within the the European Network on Diagnostic Instruments for Child and Adolescent Psychopathology (ENDICAP) with members which represent 17 university departments of child and adolescent psychiatry from 14 European countries CASCAP was developed as a basis for the cooperation and the establishing of concerted multinational research activities within the field in Europe. On the basis of a German report form the English version of the Clinical Assessment Scale for Child and Adolescent psychopathology (CASCAP) was developed.

**Results:** CASCAP assesses 98 symptoms which are allocated to 13 symptom areas. Rating is performed using the information obtained during the clinical examination of the patient and the parents (or accompanying persons). The symptoms that are observed in children and adolescents during the clinical examination often differ from those observed in other contexts outside the examination. CASCAP therefore is considering both ratings of symptoms during the examination and symptoms reported from other situational contexts (e.g. family, school). The severity of the symptoms is rated on a four point scale.

**The Family Identification Test (FIT): Practical use and empirical results** 181

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The Family Identification Test (FIT) is a newly developed instrument, which is designed to assess identification structures in families and in other interpersonal relationship structures. The test is administrated separately with each family member. Each one is asked to describe themselves (Real self: „How I am“. Ideal Self: „How I want to be“. ) and the other persons in the family. For these descriptions 12 adjectives are used, which are written on cards and which can be sorted on a board, with 5 categories of answers (from completely true to completely false). For adolescents and adults there is also a questionnaire-form of the FIT which can be used instead of the card-sorting technique. The correlations between the different descriptions, which are gained from each subject are taken as indicators for the self-congruence (=correlation between real self and ideal self), real identification (= i.e. correlation between real self and mother-description etc.) and ideal identification (= i.e. correlation between ideal self and mother-description etc.). A part of the test is a computer programme, for calculating the identification values in an easy way. The test is useful in clinical diagnostics, research and family therapy. It also can be used for family court appraisals.

**POSTER SYMPOSIUM**

PS 04

**ASSESSMENT OF ADHD**

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**The Inventory of Life Quality in Children and Adolescents (ILC)**

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A newly developed questionnaire, the „Inventory of Life Quality in Children and Adolescents (ILC)“ is presented. With this instrument, quality of life is assessed from three perspectives: Children/adolescents, parents and therapists. Quality of life is rated by these subjects in relation to the following aspects: (1) School, (2) family, (3) friends/social contacts, (4) individual interests and (5) overall-rating. In psychiatric patients the impact of (7) psychiatric disturbance and (8) diagnostic and therapeutic activities on the quality of life is also assessed. In addition to these ratings the time spent in different contexts and activities is appraised. The poster shows selected empirical data derived from the ILC.

**EVALUATION OF THE ATTENTION IN CHILDREN AND ADOLESCENTS**

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**Objective:** The aim of this work is to present a new test, designed to evaluate the Selective and Sustained Attention in Children and Adolescents.

**Methods:** We define the concept of attention and review the principal tests aimed at the study of this, pointing out the difficulty of finding an attention test that doesn't involve an aptitudinal bias. The Selective and Sustained Attention Test (TASS) is a paper and pencil cancellation test that, by the simplicity of its target, can be applied from early ages (four on) being able to be used as a screening test in the school and in the clinical practice.

We have tested the attention in children with the Toulouse-Pieron test (T-P), the test of perception of differences (FACES), and the Test of Selective and Sustained Attention (TASS) in their A and B forms, in accordance with the ages of the subjects. FACES and TASS-A, for children in ages between four and eight years; and T-P and TASS-B for those of nine years in forward. Furthermore we have interviewed in a structured way to their parents with the objective from obtaining information adjusted to DSM-IV criteria.

**Results:** Finally we show the preliminary results of the pilot study, which suggest the appropriateness of the test considering objectives for which it has been designed.

## PSYCHOPATHOLOGIC PROFILE FOR FAMILIES WITH ADHD CHILDREN

*Adriana Călin, T. Mircea*

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**Objective:** Our study is focused on symptoms occurred in families with hyperkinetic children during more than 10 years.

**Method:** We have used a set of standard instruments: the SCL-90 symptoms inventory, two original scales- the SEMSIM scale for intrafamilial conflict evaluation (national sampled) and the CRRR scale which displays the compliance, the interactional rapport, the relationships and the social support network. We have studied 3 groups of families: 40 families as witness sample, 20 families with ADHD children under 10 years of marriage and 20 families with ADHD children over 10 years of marriage.

**Results:** The results have shown an increased number of psychosomatic symptoms in the witness sample. In the second group we have found the same level of symptoms like in the witness sample. In the third group the results have shown a considerably increased level of obsessive and compulsive symptoms for each family member. In the same time we have found an increased level of paranoid ideation which underlies an increased quotient of tension.

**Conclusions:** The data reveal the changes in family member symptoms induced by successive interactions in time- **a possible pattern of interactional psychopathology**, which could be useful in family therapy focused on these symptoms

## 184 MOTOR ACTIVITY ASSESSED BY A NEW DEVELOPED RADAR-ACTOMETER

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**Objective:** Hyperactivity as part of the ADHD diagnosis is mainly assessed by clinical judgement or rating scales. Reliability and validity of these methods is very poor. To improve assessment of hyperactivity a radar-device was developed (Huss et al. 1998). This study tests the discriminant validity of the device during routine EEG.

**Methods:** 258 children (95 girls and 163 boys) aged six to thirteen years were assessed during a routine EEG-session with the radar-actometer, which quantifies the global motor activity. The global motor activity index was related to age, gender and ICD-10 diagnoses.

**Results:** As expected, age is negative correlated with motor activity ( $r=-.43$ ). Boys score significantly higher ( $p=.01^{**}$ ). Relations between ICD-10 diagnoses and activity are more subtle. In accordance with clinical evidence children with F90.x and F84.x are the most active group.

**Conclusions:** The use of a radar-actometer seems to be an effective device to support the clinical diagnoses, particularly for hyperactive children.

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## ASSESSMENT OF DIAGNOSTIC CRITERIA FOR ADHD FROM CASE-RECORDS

A retrospective follow-up of 300 child-psychiatric patients treated with centralstimulants in 1970 - 1988.

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**Objective** The diagnostic criteria for ADHD were introduced in Denmark by WHO's ICD-10 in 1994. Before 1994 when treating children with centralstimulants the criteria used clinically were less specific than today. We hypothesize that antecedent data from case-records from our department can be used in reassessment of the disorder retrospectively according to modern diagnostic criteria for ADHD. If this is the case we hypothesize that children treated with centralstimulants in the period actually fulfilled the diagnostic criteria used today according to both ICD-10 and DSM-IV.

**Method** All children treated with centralstimulants at The Psychiatric Hospital for Children and Adolescents in Risskov, Denmark have been registered since 1970. This register was used to identify probands (N=300). Complete case-records was obtained on all probands. ADHD-criteria were blindly reassessed from case-records by two independent raters after an initial consensus-rating of 25 records. Inter-rater-reliability was tested on 100 randomly selected case-records.

**Results** Although all the data has not yet been obtained preliminary results suggests a high correspondence between the two raters and a high proportion of the probands fulfilling sufficient criteria to be rediagnosed ADHD.

**Conclusions** Results will be discussed, the correlation-coefficient from the inter-rater-reliability-test and conclusions will be presented.

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## CONTRASTING TESTS OF "SUSTAINED ATTENTION" IN CHILDREN WITH ADHD AND COMPLEX-TICS: RELATIONS TO MONOAMINE METABOLISM

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**Introduction:** There is controversy over whether the constructs tested by paper/pencil and continuous performance tasks (CPT) are the same. We report on performance and signal detection measures in 3 such tests and the effect of immediate/delayed feedback in children with attention-deficit/hyperactivity disorder (AD) and complex Tics (TS with AD symptoms). We also looked for associations of performance with general levels of monoamine metabolism, where measures of selective attention in ADHD correlated positively with dopamine (DA) and negatively with serotonin (5-HT) metabolism<sup>1</sup>.

**Methods:** CPT x, CPT ax, CPT-feedback and D2-cancellation tests were presented to 14 ADHD, 11 TS and 14 healthy controls (mean age 10-11y). Measures of error-type, perceptual sensitivity ( $\ln d'$ ) and response bias ( $\ln \beta$ ) were recorded. Urine samples were analyzed for 3 monoamines and their metabolites. Only 5 TS subjects were on medication.

**Results:** The D2 task revealed no group differences. AD children showed more errors of omission and commission reflecting a poor  $d'$ , and the TS group more errors of omission, reflecting a conservative response bias. Feedback reduced omission errors in all children, but improved  $d'$  only in controls. DA and 5-HT metabolism achieved increasing importance in the AD group accounting for nearly 50% of the variance.

**Conclusions:** The D2 task cannot be recommended for these groups. Independent of difficulty/working memory requirements the CPT showed perceptual-based problems in AD and a response conservatism in TS children. Catecholamine activity was implicated in promoting perceptual processing but suppression of 5-HT activity could help AD and TS patients in the control of CPT performance.

<sup>1</sup> R.D. Oades, B. Müller, 1997, Behav. Brain Res., 88, 95-102.

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**ACTIVITY LEVEL IN ADHD-CHILDREN DIAGNOSED WITH ACTOMETERS**

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**Objective:** Clinically, children diagnosed with Attention Deficit Disorder with Hyperactivity (ADHD), are described as overactive, impulsive and incapable of sustained attention. The present study examines the possibility to use actometers to measure activity level component of hyperactivity. It has been evaluated whether actometer measurements give evidence of diagnosis and therapy effects.

**Methods:** 19 children with ADHD without and during treatment with methylphenidate were compared with age, gender, IQ and classroom matched healthy children. Actometer (produced by ZAK) were applied at the wrist of dominant hand. Children wore it for 24 hours on a normal day during term time. On the day of the first measurement both drug naive ADHD-child and classroom matched control child were examined. The second measurement was performed within seven days. At this point the ADHD-child is medicated with methylphenidate.

**Results:** Children with ADHD exhibited generally significant higher level of motor activity in comparison to the control group, except during sleep. Furthermore we found significant reduction in activity levels after treatment with stimulant medication (methylphenidate). Comparing the two measurements of 24-hour-activity of normal children within seven days we observed a high reliability of our method.

**Conclusions:** We were able to show that motor activity can be measured with actometers. Thus, actometers are able to quantify the degree of hyperkinetic symptoms. Furthermore, they can be used for evaluation of therapy effects.

**188 ADHD RATES AND CORRELATES IN SCHOOLCHILDREN**

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**Objective:** The aim of this study was to investigate the total rates of subtypes of attention deficit / hyperactivity disorder (ADHD) in first to fifth grade primary school children.

**Methods:** 1676 students of various socioeconomic backgrounds from 8 different schools were included. Conners Teacher's Rating Scales were given to teachers, whereas parents were asked to check the ADHD symptoms on a DSM-IV symptom checklist. To determine the cutoff points, a total of 103 children were interviewed. Children meeting the DSM-IV criteria for ADHD and children above cutoff points who were reported to have the disorder both by teachers and parents were diagnosed as having ADHD.

**Results:** Frequency of ADHD in our sample was 8.6%. The frequency of subtype with prominent attention deficit was 4.1%, that of prominent hyperactivity-impulsivity subtype was 3.6%, and that of subtype with combined features was 0.9%.

Girl/boy ratio was 1/1.9.

Attention deficit was negatively correlated with academic performance of children and educational level of parents, whereas hyperactivity was not.

**Conclusions:** The prevalence of ADHD was reported to be 5% to 20% and our rate falls in-between. Our data suggest that ADHD is a quite common disorder in school children. Early diagnosis and intervention may prevent chronicity.

1. Shekim et al. (1985): The prevalence of attention deficit disorders in a rural midwestern community sample of nine-year-old children. *J AM Acad Child and Adolesc Psychiatry* 24:765-770.

2. Cohen et al. (1993): An epidemiological study of disorders in late childhood and adolescence I. Age and gender-specific prevalence. *J Child Psychol Psychiatr* 34: 851-867.

**189****VALIDATION OF AN ATTENTION-DEFICIT-DISORDER-PROGRAM FOR PRE-SCHOOL CHILDREN**

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Behavioral-therapeutic methods are of great importance to the treatment of children suffering from Attention-Deficit-Disorder (ADD). Thus Barchmann, Ettrich, Kinze, and Reschke (1986, 1988) were able to prove the efficiency of those programs for school children. Since an early treatment of the ADD is desirable it was natural to develop a specific therapy-program (Ettrich 1998) with the following goals:

- teaching reflexive cognitive working skills
- improvement of keeping self-control while solving assigned tasks
- avoiding mistakes
- improvement of staying power
- improvement in using intellectual and energetic resources.

The program has been validated within an experimental and a control group (experimental group: n=136, control group: n=84) containing children at the age of 5-6 years.

Trained and non-trained children differ in following features:

- 1) Trained children are able to work slower and more precise
- 2) they are able to avoid mistakes
- 3) they can regulate better their cognitive skills
- 4) they show an appropriate social behavior.

Therapy material: Ettrich, C. (1998): *Konzentrationsstrainings-Programm für Kinder I: Vorschulalter*. Göttingen: Vandenhoeck & Ruprecht

**190****VISUO-SPATIAL MEMORY WITH THE CHILDREN HAVING ADHD**

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**OBJECTIVE:** The children having ADHD demonstrate specific characteristics in cognitive processing. Our investigations of their visuo-spatial memory is a guide post for further explanation of those specificities.

**METHODOLOGY:** The sample has included 19 children having ADHD, the average age being 10 years and eight months while the control group covered 84 children of 11 years and three months of average age. Both groups have been tested using Spatial Memory Task - L' Hermitte and Signoret while the results obtained have been processed by canon discriminating analysis and two-direction analysis of variance.

**RESULTS:** The children having ADHD have demonstrated a decreased visuo-spatial memory especially during the intake and organization of the information and the long-term memory together with the updating of the information.

**CONCLUSION:** The demonstrated performance of the children having ADHD is primarily the consequence of their lack of capability to efficiently utilize memory for solving the tasks- which means the problem in organization of the cognitive process.

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**POSTER SYMPOSIUM****PS 05****ORGANIC AND SYMPTOMATIC MENTAL DISORDERS****192 - 200****Neurosurgical treatment of children with focal-epilepsy- pre-and postoperative psychiatric examination.**

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About 30 to 50 % of the people suffering on epilepsy get a psychiatric illness additionally. This means a two time higher risk than normal. Investigation of psychiatric symptomatology after neurosurgical interventions are rare, results are contradictory. Preoperative psychiatric examination of the patients before neurosurgical intervention has become an important diagnostic part and is state of the art. Preoperative psychiatric illness may influence the indication for surgical intervention. The development of postoperative psychiatric illness has to be noticed because of therapeutic consequences.

We present the results of the pre- and postoperative psychiatric investigation of 15 children and youth (age: 4-19 years) suffering on treatment resistant focal epilepsy. For rating we used following methods: diagnostisches Interview f. psychische Störungen im Kindes- u. Jugendalter, Depressionsinventar f. Kinder- u. Jugendliche, CGI, BPRS, GAF-S. Most of the patients showed psychiatric symptoms preoperatively. During postoperative follow-up no further psychiatric symptoms could be found.

**SUBCLINICAL EPILEPTIFORM ACTIVITY AS INFLUENTIAL FACTOR IN COGNITIVE DEVELOPMENT 193**

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**Objective:** Subclinical epileptiform activity is found in school children without epileptic clinical manifestations (5%).

We hypothesize that SEA has influence in cognitive development.

**Methods:** 1. Psychiatric evaluation  
2. Psychological evaluation  
3. Neuropsychological assessment  
4. Neurological assessment  
5. EEG follow-up

**Results:** Most of examined children had multiple signs of developmental disturbances, lower verbal abilities and signs of cognitive deficits in executive functions. Neurological maturity was slightly inferior to age-expected.

**Conclusions:** Developmental delay of higher cortical functions may be caused by transitory disharmony of cerebral functioning associated with cortical hyperexcitability.

**192****194****An Early Onset Rehabilitation Program after Traumatic Brain Injury: Methods and First Results**

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**Objective:** Survived traumatic brain injuries (TBI) are one of the most serious challenges to the patient's future life. Recent literature increasingly questions the long-believed protective effects of functional cerebral plasticity in children. Although TBI in children and adolescents is frequent, they are less frequently admitted to rehabilitation centers as in-patients than adults. This emphasizes the role of out-patient treatment.

**Methods:** This study aims to achieve a contribution to a comprehensive approach in TBI-rehabilitation. A two-stage multimethodal program, starting with stimulation in coma while the patient is on the ICU, and neuropsychological therapy after regaining consciousness is to be evaluated in a controlled, prospective and randomized study (N = 100).

**Results:** After including about half of the planned sample, some preliminary results can be mentioned with all applicable caution. The effectiveness of the applied therapy can be stated with respect to the posttraumatic restitution of cognitive abilities in the 6- and 12 months' follow-ups. Moreover, substantial differences favoring the experimental group were found with respect to psychopathological alterations and Flechtner's Quality of Life assessment.

**PLATELET RECEPTORS IN CHILDREN WITH ORGANIC MENTAL DISORDERS 195**

*O. Melnyk, Ukrainian centre of sanatorium rehabilitation for children with organic CNS damage, Odessa, Ukraine*

**Objective:** The clinical and experimental data show marked pathology of the neurotransmitter receptors in patients with mental disorders [Jensen P.N. et al., 1994].

**Methods:** With the purpose of studying the state of the neurotransmitter receptors on blood platelets, the author investigated with the radioligand method 60 children with organic mental disorders (in particular with cerebral palsy), who received treatment at the Ukrainian centre of sanatorium rehabilitation for children with organic CNS damage, and 60 healthy children of similar age.

**Results:** The author discovered certain changes of receptors characteristics in patients with organic brain damage in comparison with norm: increase of the Bmax 5-HT<sub>1A</sub> (by 63,0 %), Kd imipramine (by 154,0 %), Bmax D1 (by 66,8 %); reduction of Kd 5-HT<sub>2</sub> (by 55,8 %), Bmax 5-HT<sub>2</sub> (by 18,5%), Kd D2 (by 6,8 %), Bmax D2 (by 43,5 %). The characteristics of BD-receptors did not vary.

**Conclusions:** In children with organic brain damage certain changes of the dopamine, serotonin, and imipramine receptors characteristics, as well as disturbance of reciprocal acting in the "dopamine-serotonine" system were found. These data are indicative of the complexity of neurochemical pathogenetic mechanisms in these disorders, and show the importance of their investigations.

**THE KLEINE LEVIN SYNDROME. A CONCURRENCE OF SYMPTOMS MIMICKING VARIOUS PSYCHIATRIC DISEASES OBSCURING DIFFERENTIAL DIAGNOSIS. A CASE REPORT. 197**

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The case of a 14 year old boy is presented who was admitted to the hospital with hypersomnia and fluctuating behavioral disturbances. He showed no appetite but thirst, disinhibition, disorientation, signs of moderate sexual hyperactivity and detachment from reality.

3 week earlier his parents had observed sleepiness and a morbid appetite for sweets. The period lasted 10 days when his behavior returned to normal without treatment.

Physical and neurological examinations, extensive laboratory investigations, computed tomography and magnetic resonance imaging of the brain were normal. Repeated cerebrospinal fluid studies revealed an elevation of protein. Empirical treatment with intravenous acyclovir and ceftriaxion was performed until microbiological testing returned negative.

Symptoms were attributed to a mild viral encephalitis. Within 14 days symptoms disappeared without further treatment and the patient was discharged home.

3 weeks later the boy noticed beginning symptoms of a third episode and was readmitted. A clear periodic pattern of hypersomnia and varying behavioral disturbances alternating with asymptomatic periods had emerged. The clinical picture of each episode differed, easily misleading to the diagnosis of an encephalitis or a primarily psychiatric disorder.

Treatment with lithium was started after the third episode and the patient remained symptom free so far.

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**DRUG FOR CORRECTION OF CLINICOPSYCHOLOGICAL CONDITION AFTER ENCEPHALITIS**

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The condition of six-years-old children after the endured 3 years ago encephalitis was studied. The disease resulted in the complete loss of cognitive functions and ability for training. The disorders of direction and concentration of attention were marked. The motility was not enough formed; the drawing and complete motor skills were absent, the coordination of movements was disturbed. The child did not differ colors and did not show the interest to the pictures. The contact with parents was in the semblance of simple objective actions. Simultaneously took place the marked convulsive syndrome with prevalence of the tonic convulsions in clinical picture. During drug therapy the marked drop of convulsive activity was registered. Within 4 months after the conducted course of treatment, vocalization, sound imitation and separate words appeared. The level of perception improved, the teaching of classification according to colors and stacking of the 'post box' became possible. The understanding of the speech improved, the consecutive fulfillment of 2-3 instructions became possible. The child without assistance began to use the language of gestures. Thus, the preparation of the drug is the highly effective remedy in treatment of disorders an loosed cerebral functions, and positively influence on the development of sensomotor sphere, differentiation of emotion an restoration of cognitive functions.

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**BEHAVIOURAL PROBLEMS AND PROTECTIVE FACTORS IN ADOLESCENTS WITH GENERALIZED EPILEPSY**

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**Objective:** Chronic illness can be seen as a psychological risk factor. The purpose of our study was to investigate potential protective factors in adolescents with juvenile myoclonic epilepsy (JME) and childhood absence epilepsy (CAE) with and without psychopathologic symptomatology. The subjects are recruited from an outpatient unit.

**Methods:** 47 patients between 13 and 18 years who receive a diagnoses of JME (n=23) or CAE (n=24) were included in the study. The YSR and CBCL were used as dimensional measures of psychopathology and to evaluate emotional and behavioural dysfunction. Potential protective factors, such as intelligence and attention were evaluated. Additional assessment of quality of life was derived from a questionnaire including questions in 15 domains including family relationships, worries, depression, school and out-of school activities.

**Results:** The families had similar demographic characteristics. Patients with CAE and with JME showed no difference in their psychopathologic symptomatology (with respect to YSR scores); although patients with JME reported more often emotional and behavioural dysfunction there were no group differences. CBCL scores showed group differences. There were no IQ or gender differences. Troubled adolescents had significantly more often attention deficits than the resilient adolescents. All patients reported high quality of life.

**Discussion:** This study indicates that attention seems to be a protective factor. Further study will be needed.

**PSYCHOMOTOR DEVELOPMENT IN CHILDREN WITH CRANIO-FACIAL ANOMALIES****199****M. Elpers, J. Rakob, U. Lehmkuhl**

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**Objective:** Although the majority of children with craniofacial anomalies (CFA) appear to show normal psychosocial development (Speltz, Galbreath and Greenberg, 1995), various psychological risk factors have been identified that may compromise the child's psychological adjustment. Risk factors can be parental guilt or overprotectiveness, stigmatizing social responses to speech impairment or facial disfigurement and certain neuropsychological limitations.

**Methods:** We investigated 30 children with cleft lip and palate due to their psychomotor development and psychological adjustment. Results were compared with those of a matched control group of healthy children. The test battery included the Denver Developmental Screening Test (DDST) and the Child Behavior Checklist for 2 to 3 year old children (CBCL 2-3). Sociodemographic data were gathered from our clinical documentation based on WHO recommendation

**Results:** 10 children with CFA showed mild to moderate psychomotor or speech delay, 10 children suffered from - mainly externalizing - behavioral problems. 9 of these children had both, behavioral problems and psychomotor delay. In comparison to the matched control group, scores for externalizing and internalizing problems as well as the total problem score were significantly different.

**Conclusions:** One third of the investigated children showed either psychomotor delay or behavioral problems. These results were discussed due to our understanding of early prevention in children with CFA.

**POSTER SYMPOSIUM****PS 06****DRUG ABUSE AND CONDUCT DISORDERS****201 - 208****200****The Use of Methylphenidate in Children with Childhood Absence Epilepsy (CAE) and Attention Deficit Hyperactivity Disorder (ADHD)**

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**Objective:** Literature on methylphenidate in children with epilepsy is rare. The purpose of our study was to investigate the effectiveness of the treatment with methylphenidate in patients with CAE and ADHD.

**Methods:** Patients with the diagnosis of CAE who met the criteria of ADHD according to DSM IV were included in the study. All patients had been on a stable anticonvulsant treatment for at least 12 months. Despite this, some patients still had spike and wave discharges (SWD) in their EEGs. Seizure frequency and EEG patterns were evaluated before and during treatment with methylphenidate. The Test of Variables of Attention (T.O.V.A.) - a visual continuous performance test - was administered before and during treatment to evaluate attentional skills.

**Results:** According to parental report and clinical investigation methylphenidate improved ADHD symptoms. Improvement in attentional skills was proved by the results of the T.O.V.A. All patients remained seizure free, in some patients it was possible to reduce the AED.

**Discussion:** Methylphenidate seems to be useful and save in the treatment of patients with CAE and ADHD. Further study will be needed.

**201****Earlier psychiatric deviance and alcohol abuse in adolescence****K. Kumpulainen, E. Räsänen, S. Roine**

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**Objective:** To evaluate the associations between heavy alcohol use in adolescence, psychiatric deviance at the ages 8 and 12 years and family type.

**Method:** An epidemiological sample of 1268 children was studied three times (Study 1 in 1989, Study 2 in 1993, and Study 3 in 1996). Psychiatric deviance was studied using questionnaires: Rutter A2, Rutter B2 and Children's Depression Inventory (CDI). In Study 3, children filled in a questionnaire concerning alcohol abuse.

**Results:** Most children (62.7%) reported that they had not been drunk during the last month, 8.0% reported that they had been intoxicated three or more times during that period (HUA-children). HUA-children had scored more commonly than others above the 90<sup>th</sup> percentile of the symptom item distribution of at least one of the scales used in Study 1 ( $p=0.037$ ) and in Study 2 ( $p=0.0004$ ). Logistic regression analysis showed that the probability to be a heavy user of alcohol at the age 15 years was increased if the child had scored high on the teacher's scale (2.4-fold) or on the CDI in Study 2 (1.8-fold). Family type (in Study 1 and in Study 2) did not predict alcohol use.

**Discussion:** A significant number of adolescents use alcohol into intoxication. Children who have been deviant in earlier ages are in risk for alcohol abuse in adolescence.

**CONSUME OF PSYCHOTROPIC SUBSTANCES IN DEPRESSIVE JUVENILES**

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**Objective:** The hypothesis is posed and examined by way of survey data that there is an interrelation between depression and affinity to use and abuse psychotropic drugs.

**Method:** The present secondary analysis is based on data which were gathered in a representative survey with the emphasis on alcohol, nicotine and drug consumption carried out for 5,128 juveniles in a region with approx. 1 million inhabitants. Diverse study areas were used to develop indicators of depression from which three types of juvenile depression were derived: dysthymia, tension, social retreat. Logistic regression models were used to evaluate the power of depression indicators as predictors for alcohol, nicotine and drug affinity.

**Results:** Affective and cognitive tendencies associated with dysthymia show a weak but consistent interrelation with regular consumption of alcoholic drinks and smoking. Indicators like inner tension and aggressiveness are related to alcohol and cigarette consumption but also to a positive attitude toward drugs. Indicators of social retreat have proved to be good predictors for alcohol consumption while not reaching statistical significance for drug affinity.

**Conclusion:** As for alcohol and nicotine affinity and consumption, clear relations with depression symptoms were found whereas only a weak relation to drug affinity and abuse was revealed.

**202 ADOLESCENTS HEROINE ADDICTION AS A PSYCHO-LOGICAL STRESS IN THEIR PARENTS 204**

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**Objective:** Heroin addiction in adolescents is a psycho-social stress for the family system. We turn our focus on the parental subsystem and psychological changes of this subsystem.

**Methods:** This research included an experimental group of couples (ten parental couples) who just realized that their child abuses heroin and control group of ten parent couples, by age and education equal to the experimental group, having adolescents who are not heroin addicts. We used standardized interview which comprised strictly determined questions, Cornell Index N4, PIE (Profile Index Emotions) and Life Style test questionnaire.

**Results:** The achieved results undoubtedly uncover that the parents who are exposed to a psycho-social stress have certain psychological problems. The differences regarding more estimated variables between two groups shown that experimental group parents are under risk of posttraumatic stress disorder, especially female parents.

**Conclusions:** Facing heroin addiction of the adolescent has been an important psycho-social stress for the parental subsystem within the family.

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**DRUG ABUSE IN ADOLESCENTS AND THE BRAIN ACTIVITY LEVEL**

*E. Melnyk, State Medical University, Chair of Psychiatry, Odessa, Ukraine*

**Objective:** The investigations of the last years have established that the search for novel experiences activates the brain's reward system in the same way as drugs of abuse do, and novelty could substitute for and reduce drug use behaviour among sensation-seeking humans (M.T. Bardo, 1994). Taking into account that a biological basis of novelty seeking is the orientating reflex with the high brain activity level, peculiar to it, we hypothesised that the maintenance of an optimal high brain activity level is a key link in the formation of behaviour deviations with drug abuse.

**Methods:** With the purpose of verifying our hypothesis, we used the longitudinal (16 year long) clinical and psychological investigation of the drug addiction development in 85 teenagers who manifested different kinds of deviant behaviour.

**Results:** We found out that signs of excessive excitability in the subjects and prevalence of the active behaviour patterns in them have the greatest prognostic value for drug abuse. The involvement of these subjects in any kinds of activity that ensure a high level of brain activation (sport, work with the computer etc.), had the marked competitive ability for drug abuse.

**Conclusions:** The striving for the maintenance of optimal high level of brain activity is one of the key links in the formation of drug abuse in adolescents. Any kinds of activity that ensure a high level of brain activation (including novelty seeking) provide a substitute for the rewarding effects of drugs.

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**ALCOHOL USE IN EARLY ADOLESCENCE - IS A DISTINCTION BETWEEN OCCASIONAL AND FREQUENT USE VALID?**

*A. Brinkley, Prof. M. Fitzgerald*  
Trinity College, Dublin

**Objective:** The aim of the study was to examine rates and patterns of alcohol use among a sample of 14 and 15 year old pupils in Dublin. Differences between occasional and frequent users on alcohol related were examined. The influence of gender and socio-economic status was also examined.

**Methods:** A self-report questionnaire was completed by 973 14 and 15 year old pupils (58% female and 42% male).

**Results:** A high prevalence of lifetime alcohol use was reported. The most common pattern was of occasional use, while frequent use was reported by one fifth of the sample. Significant differences were found between the two user groups on alcohol related variables. Frequent users were found to have a lower age of first use, to drink more on an average occasion, and to have a more positive attitude toward alcohol. Significant differences were also found in relation to reasons for use and location of use.

**Discussion:** The results suggest that there are distinct differences between occasional users and frequent users of alcohol. This has important implications for the development and improvement of preventive strategies, which often do not distinguish between different levels of use.

# CHILDHOOD DISTURBANCE – A PREDICTOR OF ALCOHOL AND DRUG ABUSE IN ADOLESCENCE?

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**Objective:** Alcohol consumption and drug use is an international health-problem. We examined if probable childhood psychiatric disturbance predicted substance use in adolescence.

**Methods:** A follow-up of 1098 15-year old adolescents was performed in Finland in 1996. Seven years earlier, at the age of eight years, they had been assessed in the National Epidemiological Child Psychiatric Study in Finland on the basis of questionnaires, filled in by parents (Rutter Parents' Scale A2), teachers (Rutter Teachers' Scale B2) and the children themselves (Children's Depression Inventory). The questionnaire, now sent to the 15-year old adolescents, included items on alcohol consumption, drunkenness and use of drugs.

**Results:** The previously disturbed (scored by parents and teachers) adolescent boys had been more often at least slightly drunk than the non-disturbed boys. The previously disturbed (scored by parents) boys and girls had been more often heavily drunk than their previously non-disturbed peers. The previously depressed adolescent boys and girls had been more often heavily drunk than the non-depressed ones. The previously disturbed girls (scored by parents, teachers or by themselves) had tried drugs more often than the previously non-disturbed girls.

**Conclusions:** Childhood disturbance was associated to drug abuse in adolescent girls, whereas the previously disturbed boys had often been heavily drunk.

# 206 FORENSIC EVALUATION OF SEXUAL OFFENDERS OF CHILDREN 208

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**Objective:** Sexual offenders are a quite diverse population. New insights into their psychopathology can be obtained by focussing on more structured forensic evaluation of the offences.

**Methods:** In this research we extended the former pilot study done with 11 adolescent sex offenders. The experimental group is broaden to 26 sex offenders (14 adolescents and 12 adults). 30 people without data for inadequate sex behavior were included in the control group by method of stratification. We used Structured Clinical Interview, Trauma Symptom Checklist for Children, Trauma Symptom Inventory and PCL-R.

**Results:** Comprehensive forensic evaluation of sex offenders enable us to obtain relevant data for the legal system, to make an assessment of the offender's potential for recidivism, to assess offender's capability for treatment and to design strategy for intervention (treatment programs).

**Conclusions:** The study indicates that sex offenders present heterogeneous dysfunctional patterns that requires comprehensive forensic evaluation which could be used in the legal process as well as in treatment planning.

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## INCREASED ACTH AND DHEAS IN CONDUCT DISORDER

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**Introduction:** The few biological studies of conduct disorder (CD) have concentrated on associations with the impulsive /aggressive features of the diagnosis rather than the developmental aspects. In view of historical claims for growth and maturational differences in CD children during development circulating hormones of the pituitary-adrenal, -gonadal and growth axes were examined. Here the results of a pilot study are reported

**Methods:** Twenty eight children with CD without medication were compared with 13 healthy controls (mean ages 13-14y). Blood samples for measures of 13 hormones from adrenal, gonadal and thyroid/growth hormone axes were taken on the same day as an extensive physical exam.

**Results:** CD children showed higher levels of corticotropin (ACTH), dehydroepiandrosterone (DHEA-S), and free triiodo-thyronine (fT<sub>3</sub>) if under 14y. Gonadal hormones and sexual maturity ratings did not differ nor relate to aggression. CD children tended to be smaller and this correlated with DHEA-S and growth factor levels (e.g. IGF-1).

**Conclusions:** In view of the neuronal protective role for DHEAS, high levels of this adrenal androgen may delay normal developmental pruning of neural connections. A dysregulation of pituitary-adrenal function with neurotrophic repercussions may be indicated in CD children.

**POSTER SYMPOSIUM**

PS 07

**PERVASIVE DEVELOPMENTAL DISORDERS I**

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**Parental Recognition of Autistic Symptoms**

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**Objective** : to identify factors associated with early recognition of PDD, a sample of 82 children referred to an outpatient diagnostic service were studied.

**Method** : Children meeting ICD-10 criteria for PDD, who had been comprehensively assessed (including the ADI) were included. Conventional Student t-test and  $\chi^2$  tests were used.

**Results** : the mean age at which parents' concerns were first raised was 19.1 months (SD=9.4), and when professional advice was sought was 24.1 months (SD=11.7). Language delay was noted as a first concern by three-quarters of parents, with abnormal socio-emotional response, medical problems and delays in milestones as other common concerns.

In both bivariate and multiple regression analyses, the mean age of children at first parental concern was significantly lower in the presence of mental retardation in the child, of an older sibling in the family, and of first parental concern for medical problems / delay in milestones.

**Discussion** : the mean age at which developmental abnormalities were first noted was between 1st and 2nd birthdays. Interestingly, social class and area of residence was not found to influence the delay between the first parental concerns and seeking professional advice in the UK.

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**THE RELATION BETWEEN PRESENT AND RECALLED DATA IN THE DIAGNOSIS OF AUTISM***Bölte, S., Poustka, F.**Klinik für Psychiatrie und Psychotherapie des Kindes- und Jugendalters,  
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**Objective:** Within the diagnostic process of autistic disorders often critical time periods in the development are focused for the diagnostic judgment. The purpose of this study was to examine the connection between diagnostic judgments according to current versus historical reports of autistic behavior using data from Autism Diagnostic Interview-Revised (ADI-R).

**Method:** We compared ADI-R standard algorithm diagnosis mostly focusing on historical behavior with a diagnostic judgment based on a ADI-R current behavior algorithm in a sample of 76 autistic and 17 mildly autistic subjects. The connection between the historical and current judgment was analyzed for the overall diagnosis and each behavior domain using Kappa ( $\kappa$ ) statistic.

**Results:** Concordance between diagnostic decisions according to historical and current data was at least fair for the global and the single behavioral domain judgment with all  $\kappa > .60$ . However, there was a tendency for false negatives in the current algorithm representing a symptom improvement in verbal, high functioning subjects. No false negatives revealed.

**Conclusions:** Historical data is not always available. In research strategies where false negatives can be tolerated (e.g. genetic psychiatry) psychometric diagnosis only depending on present behavior may be an alternative.

**THE CHILD BEHAVIOR CHECKLIST IN AUTISTIC SUBJECTS***Bölte, S., Dickhut, H., Poustka, F.**Klinik für Psychiatrie und Psychotherapie des Kindes- und Jugendalters,  
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**Objective:** The Child Behavior Checklist (CBCL) is a clinical questionnaire frequently and worldwide used to screen childhood and adolescence psychopathology. The purpose of this study was to investigate the CBCL's power to generate suspect for autism.

**Method:** Parental report CBCL's of 77 male and female subjects aged 4-18 years were analyzed in this study. Individuals had been given diagnoses of autistic disorder using the Autism Diagnostic Interview Revised (ADI-R) within a research project on the genetics of autism.

**Results:** A feature of behavior problems independent of sex but influenced by age and IQ-level could be identified for the autistic sample with highest relative scores on the scales measuring attention problems, social problems and thought problems and low scores on the scale for somatic complaints.

**Conclusions:** It seems that the CBCL shows a sufficient ability to record hints for autistic behaviors and identify them as clinically relevant. In addition, the CBCL helps to register comorbid symptoms in autism.

**THE FACTORIAL STRUCTURE OF TESTS FOR EXECUTIVE FUNCTION MEASURING***Bölte, S., Poustka, F.**Klinik für Psychiatrie und Psychotherapie des Kindes- und Jugendalters, University of Frankfurt/M, D-60528 Frankfurt, Germany*

**Objective:** The concept of executive function (EF) is of heuristic significance in neuroscience. With this study we aimed to contribute empirical data to the process of construct validation of executive function measures in child and adolescent psychiatry.

**Method:** Intellectual functions and EF which are theoretically viewed being quite distinct entities. We explored the dimensions underlying performance on tests of executive respectively intellectual function by running a joint exploratory factor analysis.

**Results:** One executive (memory EF), two intellectual (power, spatial functions) and two mixed dimensions (mental speed with attentional function, problem-perception and planning) underlying test behavior revealed.

**Conclusions:** Findings suggest merely limited evidence that the tests used carry the ability to establish and represent the theoretically assumed clear-cut distinction between executive and intellectual functions. However, for clinical issues, other forms of EF test validation may be of more pragmatic importance.

**212 The Autism Observatory of Lombardy**

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Autistic disorders have been a field of tremendous contrasts among professionals and parents associations, becoming an important public health concern. Our regional government has established a 3-year program to untangle some of the clinical and administrative issues raised by this problem.

*Osservatorio Autismo Regione Lombardia* was established as a psychiatric epidemiology unit attached to a child mental health clinic (<http://promo.it/autism>). Top-down and bottom-up strategies were used to motivate public and private services to participate in an epidemiological survey. NHS changes interfered with the data collection during the second year, both in negative and positive ways.

About 1000 records were reported by participating centres all over the region. Controlling for underreporting, a prevalence of 1 per 1000 inhabitants has been estimated in the male elementary school age group. A zero prevalence has to be estimated in most adult groups, unless the need to shift patients to 'adult diagnoses' is accounted for. Up to today, only 'psychotic' or 'mentally retarded' patients may gain access to adult mental health services for the handicapped.

The task of counting cases affected by an autistic disorder has contributed to increase the awareness of both child and 'adult' psychiatrists on the preventable adult complications of 'infantile' autism.

**214****REFLECTIONS CONCERNING A SPECIFIC UNIT FOR ASSESSING AUTISTIC TODDLERS***Le Marec, Lemonnier, Borgnis, Desbordes, Lazartigues  
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Since 1996, a specific unit has been operating in the University Hospital of Brest to assess pervasive disorders in child development, in particular, autistic syndromes. Diagnosis has been made according to CIM10 and CFTMEA.

The children, accompanied by their parents, were evaluated over a 2-day period using a standard protocol, which consisted of a psychomotor and language report using the Early Social Communication Scale described by Wetherby and Prutting. The psychological report was prepared using a development quotient and C.A.R.S (Childhood Autism Rating Scale) on the basis of a video recording. Two interviews with the parents enabled an ADI-R and a VINELAND to be measured.

Our reflections may be summarized in 3 points:

Firstly, we feel that the above assessment is the best to measure and diagnose disabilities and evaluate the child's potential.

Secondly we feel that parents must have access to the diagnosis and prognosis. It is essential to ensure a friendly environment for the child who is questioned by 5 different people over 2 days.

Thirdly, the results of the assessment must help the staff of the Psychiatry Unit who referred the child to us, to better understand the psychopathology of the child and adapt the treatment accordingly. The results should also help create closer ties between the staff, the child and the parents.

**213****RISPERIDONE IN YOUNG AUTISTIC CHILDREN***S. Milea**Clinic of Child and Adolescent Psychiatry, Obregia Hospital, University of Medicine, Bucharest, Romania*

**Objective:** To explore the efficacy and safety of Risperidone in young autistic children.

**Methods:** Risperidone in medium doses 0,1 mg./Kg/daily was administered for a period of minimum 8 weeks to a group of 12 from 15 children aged 4-9 years who fulfilled the DSM-IV criteria for autistic disorder. For a different period of time, under our observation, all children had previously received Haloperidol, Pimozide, Lithium Carbonate, Zuclopenthixol or Dipiperon. Weakly was scored on a 5 point scale of severity the 5 target symptoms: social interaction, stereotypes, hyperactivity, aggressive and self injurious behavior and language disorders. Response was scored on a 4 point scale: 0 = worse; 1 = not improved; 2 = mild improved; 3 = much improved; 4 = very much improved. We used: 1/ our severity evaluation and evaluation of parents and of educators; 2/ the comparative opinion of parents and educators about the present status and the period when the children were under the influence of the previous medication.

**Results:** from 15 subjects 4 had very much improvement, 6 much, 2 mild, one worse and 2 not improved. For the last 3 cases the treatment was interrupted earlier. In 6 cases, the parents and the therapeutic team agree that the children status is incomparably better then when they were under the influence of the previous treatments. Decreasingly, the efficacy of Risperidone on target symptom was: hyperactivity, aggressively, social interaction, language disorders and stereotypes. There was no evidence of extrapyramidal symptoms.

**Conclusions:** Risperidone is effective for improving autistic disorder of young children. The drug is well tolerated.

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**BIOCHEMICAL PARAMETERS IN AUTISTIC INDIVIDUALS AND THEIR FAMILIES. 216****K. Moore,<sup>1</sup> M. Fitzgerald,<sup>1</sup> R.H. Waring,<sup>2</sup>**<sup>1</sup> Department of Child Psychiatry, Child and Family Centre, Ballyfermot, Dublin 10, Republic of Ireland.<sup>2</sup> Department of Biochemistry, University of Birmingham, United Kingdom.**OBJECTIVE:**

It has been found in earlier studies that around 95% of individuals with autistic spectrum disorders have very low levels of plasma inorganic sulphate. Inorganic Sulphate is important in the detoxification of some endogenous and exogenous compounds in the body, particularly phenols and amines. It has been suggested that the reduced detoxification may lead to imbalances in neurotransmitter levels. These imbalances could lead to alterations of the functioning of the C.N.S. characteristic of autistic spectrum disorders. Our aim is to measure the levels of inorganic sulphate and the enzyme responsible for the reactions in autistic individuals and compare them to other members of their families.

**METHOD:**

Blood was taken from twenty two people whose symptoms fulfilled the criteria for autistic spectrum disorder using DSM-IV criteria. Blood was also drawn from thirty-three first-degree relatives of these people. The blood is currently being analysed in the laboratory.

**RESULTS AND DISCUSSION:**

The results are currently being analysed and are expected shortly.

**POSTER SYMPOSIUM****PS 08****CHRONIC DISEASES****217 - 224****217****PARENTAL LOCUS OF CONTROL IN CHRONIC DISEASE**M. Ahle, J.M. Fegert, U. Lehmkuhl

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**Objective:** To explore the relationship among general locus of control and specific locus of control in childrearing as perceived by parents with healthy children and those suffering from chronic disease.

**Methods:**

- 1) To explore the relationship among general locus of control and specific locus of control in childrearing as perceived by parents with healthy children and those suffering from chronic disease.
- 2) 79 children of these parents were suffering from the chronic disease atopic eczema and/or asthma. This sample were compared with a control group of parents (n=179) whose children were healthy.
- 3) The parents were screened with the standardised questionnaire: Competence and Locus of Control Questionnaire (FKK, Krampen 1991).
- 4) For the purpose of this study we also designed a questionnaire, which measured the locus of control with noncompliant children.

**Results:** Factor- and itemanalysis confirmed the sample-specific reliability and validity of the questionnaires. There were significant differences in various types of chronic disease: Parents of children suffering from asthma rated lower in internal locus of control compared with all other sample-groups.

**Conclusions:** Parents of children suffering from asthma perceive their lives and events in person-related surroundings as being less controllable in comparison with parents of children who are well or those affected by atopic eczema. Specific therapeutical intervention is necessary.

**FAMILY RELATIONSHIPS AFTER LIVER-TRANSPLANTATION IN INFANCY**

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**Objective:** Parents of an infant with a fatal liver-disease have to deal with a very difficult child facing his or her death without transplantation while developing a relationship and bonding to their infant during the periode of transition to parenthood.

**Method:** In a pilotstudy we investigated which methods of infant research would be adequate to this clinical sample. In a semi-structured psychodynamic interview we got informations about the coping-strategies of parents in this situation, the impact of the disease for the family and possible conflicts in the parents relationship. During the interview we observed the infant-parent-interaction. The pilotstudy included eight families with their 4 to 12 months old infants. The results are completed by clinical experiences with six families after liver-transplantation of their infant (age 4 to 48 months).

**Results:** All but two infants of the clinical group had intuitive parents, that adapted well to the needs of their sick infants. By estimating the bonding between parents and child we found two well discriminated patterns, which we understood as coping strategies. Most of the parents had a very close symbiotic relationship. They denied any risk and the possible death. Some parents discussed all risks objectively but developed a detached relationship without getting emotional close to the infant. Because of difficulties in estimating the psychomotoric developmental state most of the parents tended to understimulate their infants.

**Conclusion:** The results of this pilotstudy will be the basis for a further study in this area.

**218 SOCIAL INTERACTION OF TRANSPLANTED ADOLESCENTS****220**

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**Objective:** Even if transplanted adolescents have to be considered as chronically ill, from a medical point of view most of them should have a good quality of life. We hypothesize that their social interaction as one aspect of quality of life is strongly affected by the transplantation.

**Methods:** In a qualitative study, semi-structured interviews were conducted with seven heart- and seven liver-transplanted adolescents and separately with their parents. Data analysis was made according to the Grounded Theory (Glaser & Strauss, 1967, 1990). Following aspects of social interaction are described:

1. interaction with peer-group
2. interaction with parents.

**Results:** The way parents cope with the chronical illness of their child has a great effect upon their child's extrafamilial interactions. Finding a balance between absolut indulgence and setting too strict limits is essential. If the adolescents are accepted and supported by their parents in being different, it is easier for them to maintain contacts with peers.

**Conclusions:** Psychological counseling should start well before the transplantation and prepare the families for the life after surgery. Topics like autonomy, guilt, fear and remaining restrictions should be addressed. Expectations limited to the medical aspects of the treatment are completed by an understanding of the resulting family interaction.

**219****221****FANTASIES OF TRANSPLANTED ADOLESCENTS**

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**Objective:** Transplanted adolescents have to be considered as chronically ill. The integration of a foreign organ into the developmental changes of their own body and the acceptance of a complex and strict medical regimen in face of augmenting responsibility for their own life is a special task for them.

**Methods:** In a qualitative study, open, guide-based interviews were conducted with heart-transplanted and liver-transplanted adolescents and separately with their parents. Data analysis was made according to the Grounded Theory (Glaser & Strauss, 1987). On the background of paradigmatic models concerning conscious and preconscious fantasies about the transplanted organs, organ-donors and themselves as organ-recipients aspects of the development of identity, autonomy and self-esteem could be described.

**Results:** Fantasies about these subjects play an important role. Organ donors in this context serve as a projection wall for positively or negatively experienced self-aspects of the adolescents as well as of their parents. Fantasies were discussed in detail.

**Conclusions:** Fantasies about transplanted organs, organ-donors and themselves as organ-recipients can help to deal with negatively experienced self-aspects concerning self-esteem, identity and autonomy. Adolescents should be encouraged to bring them into the therapeutic process.

**DEMAND OF PSYCHOSOCIAL COUNSELLING OF YOUNG WHEELCHAIR USERS**

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With a developed self assessment scale 137 handicapped young people undergoing vocational rehabilitation were asked for subjective strain due pity, social segregation and fears and inhibitions in romantic attachments. Young persons tied to the wheelchair report increasingly about fears and inhibitions in romantic attachments, irrespective whether they are paraplegic or not. More frequently they complain about being gaped at and being more pitied by healthy persons than they would like. Being tied to the wheelchair was in a significant relation to these results, however not to the gender, age and illness variables. A high demand for psychosocial counselling during the rehabilitation is deducted from these results, in particular also for young people without paraplegia.

**THE PROCESS OF CARE OF DEAF AND HARD OF HEARING PEOPLE**A. Schwerdtfeger, A. Bauer, K. Lenz

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**Object:** To examine variation in patient characteristics including communication-opportunities and treatment patterns for peoples with hearing loss between the age of five to nineteen years with different ICD-10 psychiatric diagnoses. **Method:** By means of a two-stage study design, thirty children and adolescents receiving different treatments in a period of 1994 to 1998 with various psychiatric ICD-10 diagnoses. We conducted a psychiatric investigation beside using standardized measurements for intelligence, Snijders Omen Intelligence Test, Child Behavior Checklist and analyzed ICD-10 diagnoses as well as psychopathological and psychosocial findings based on WHO recommendation. **Results:** Nearly the half of these investigated patients could not receive treatment due to the failure of any communication-opportunity. The other one commanded sign language or reading of lips and pretended a successful treatment. If a therapist or a social adviser with sign language knowledge was present and communication-opportunities of the patient were sufficient, psychopathological findings were significantly reduced. **Conclusions:** The different psychopathological effects of hearing loss depend on the concrete support in getting through any critical life event. The process of care of deaf and hard of hearing people is related with increasing sign language and other communication competence.

**222 ADOLESCENT PSYCHIATRIC ASPECTS OF VISUAL IMPAIRMENT AND BLINDNESS 224**E. Kammerer, St. Köster, M. Monninger, U. Scheffler

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**Objective:** Self image, control beliefs, psychiatric symptoms and some aspects of family relations of severely visually impaired and blind youth and young adults.

**Sample:** N=95; 52 boys; 43 girls; 30 blind, 65 visually impaired; medium age 18.

**Methods:** All questionnaires were translated in braille for the blind probands.

- Offer self image questionnaire (OSBF)
- Questionnaire for competence and control beliefs (FKK, Krampen)
- Youth self-Report (YSR)
- Das Subjektive Familienbild (SFB, Mattejat, Scholz)

**Results:** Some aspects of self image in combination with control beliefs reflect very well the special developmental risks and burdens of this group. Symptom scores and total problem scores seem to be considerably higher than in the general population.

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**ATTRIBUTION STYLE IN EPILEPTIC CHILDREN**D. Mitrovic, S. Ivanovic-Kovacevic, A. Kelemen, K. Gebauer  
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Epilepsy is believed to be a condition associated not only with neurological but also with psychological and psychosocial disturbances. Attribution style is a way in which people account for events they participated or witnessed. Attribution style is one of key variables in the development of self-respect in children, being either positive or negative. Attribution style is distinguished by locus, stability and controllability. Locus is referred to as ascribing causes to internal or external factors. Stability relates to assessment of duration of causes as stable and unstable. Controllability refers to the degree of voluntary influence over a cause. Children adopt attribution style from their important others who serve as their role models for them to emulate. The aim of the study was to determine a) if and how epilepsy can influence the quality of attribution style, and b) if the number of attacks can effect a change in attribution style. A sample of 60 epileptic children of both sexes aged 7-16 years, with normal intellectual functions, was divided into two groups of a) children with one/more partial or grand mal seizures within the last 6 months, and b) those without seizures within the last 6 months. Peers free of epilepsy were used as controls. We are hoping to confirm that the scale of attribution style is a sensitive measurement instrument, and consequently epileptic children are expected to score lower than controls. Likewise, the score of attribution style is supposed to be conversely dependent upon the number of seizures.

**POSTER SYMPOSIUM****PS 09****LEARNING DISABILITIES****225 - 233****IMPULSIVE STYLE IN LEARNING DISABILITIES****226***R. Donfrancesco, N. Noccioli.**Azienda Sanitaria Firenze, Borgo Allegri 16, 50122, Firenze, Italy.*

**Objective:** The presence of an impulsive style of response in children with learning disability (LD) without AD/HD and its relevance on academic performance, is scarcely studied. We hypothesize that LD children have a poor performance on the Matching Familiar Figures Test (MFFT).

**Methods:** For this purpose we assessed a total of 64 children: 31 normal children, and 33 children with LD without AD/HD, matched for age and sex, in the following way:

1) LD children (ICD-10-R criteria): IQ scoring over 85, performance below -2 SD on an Italian spelling battery. Eighteen among them also performed below -2 SD on reading tasks.

2) LD children: Teacher's Conners Rating Scale, psychiatric examination, and parents' interview, in order to exclude the possibility of AD/HD syndrome.

3) All children: MFFT (Italian version of MFFT20) in order to assess impulsivity.

**Results:** Children with LD without AD/HD have a significantly higher impulsivity than normal children according to response latency ( $p < 0.025$ ) and to error number ( $p < 0.0001$ ). This difference is mainly due to the 18 dyslexic subjects.

**Conclusions:** There is evidence that LD children, mostly dyslexic subjects, are more impulsive than normal ones. An educational program for impulsive-style control must be added to the usual rehabilitation program in order to allow LD children to concentrate more on orthographic and lexical decisions.

**225****LEARNING DISABILITIES AND SELF ESTEEM**

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**Objective:** Low self esteem is a usual feature of adolescents with learning disability. This study examines the relationship between a) self esteem and socio-economic status (SES) and b) self esteem and comorbid mental disorders in learning disabled adolescents (e.g. depression, anxiety).

**Methods:** We examined two groups of learning disabled adolescents, one of low SES ( $n=28$ ) and another of high SES ( $n=25$ ). The relationship between self esteem, SES and comorbid disorders was investigated by assessing the two groups by means of clinical psychiatric examination by two separate child psychiatrists and psychometric testing with the Rosenberg Self Esteem Scale.

**Results:** There was no statistically significant difference in low self esteem between groups with respect to SES. Also the high incidence of low self esteem in both groups proved to be independent of various comorbid mental disorders.

**Conclusions:** Low self esteem in learning disabled adolescents seems to be correlated with the effects of the learning disability per se, rather than with low SES or a specific mental disorder.

**227****LEARNING DISABILITY: EMOTIONS, SELF CONCEPT AND PARENT TRAINING***G. Erden, F. Kurdoglu, R. Uslu**Department of Child Psychiatry, University of Ankara, Dikimevi 06100, Ankara, Turkey*

**Objective:** To assess the effect of an ongoing psychoeducational group work with parents on self perception, family interaction patterns and levels of depression and anxiety of children with learning disability (LD).

**Method:** A population of 25 children aged 7-13 with LD have been assessed for self concept, depression and state-trait anxiety.

Parents have completed a family assessment device. Results will be compared to Turkish norms for the above mentioned scales as well as to those following an 8 week psychoeducational group for parents using comparisons of means. Correlational analyses will be used to see the relationships among the scale scores.

**Results:** Pre-group assessment results indicate that children with LD, score significantly lower on self concept. Boys' depression scores are higher, reaching statistical significance according to Turkish norms. Depression and anxiety scores show a significant positive correlation. There is a significant negative correlation between depression and self concept scores. All pre- and post-group comparisons will follow group termination.

**Discussion:** Children's self concept, anxiety and depression scores can be hypothesized as an indirect indicator of family perception and knowledge concerning the disorder. LD is unknown to most Turkish parents and educators therefore education concerning the problem as well as therapeutic support of children and families is mandatory.

**PSYCHOPATHOLOGY OF CHILDREN REFERRED FOR ACADEMIC DIFFICULTIES***A. Kondyli, D. Pitsouni, S. Giannopoulou, I. Tsiantis.**"Agia Sofia" Chindrens' Hospital, Department of Psychological Pediatrics, Athens, Greece.*

**Objective:** A number of disorders may underlie academic difficulties. We hypothesize that some of the children referred for academic difficulties suffer from different disorders.

**Methods:** We evaluated 32 girls - 93 boys, aged 6,5-15 years. The diagnostic evaluation included:

1. undirected psychiatric interview with the children
2. as well as with their parents,
3. psychological evaluation for specific academic difficulties and
4. WISC-R test (short form) whenever there existed a clinical indication for IQ evaluation.

**Results:** 3 children (2,4%) received no diagnosis, 37 (29,6%) presented dyslexia, 30 (24%) a mild mental retardation, 43 (34,4%) suffered from a mood/ anxiety disorder and 12 (9,6%) from ADHD/ behavior disorder. The agreement between referral cause and actual diagnosis was as follows: 30 of the children referred for academic difficulties were found to suffer from dyslexia (24%), 17 were found to suffer from dyslexia and an additional diagnosis (comorbidity: 13,6%), 75 of the children referred for dyslexia received a completely different diagnosis, (60%) and 3 of the referred children presented no problem at all (2,4%).

**Conclusions:** Only  $\frac{1}{4}$  of the children referred for academic difficulties actually received as unique diagnosis a specific academic difficulty and 60% of them presented no academic difficulty at all.

**228 LEARNING DISABILITIES AND ACCOMPANYING PSYCHIATRIC DISORDERS.***Christianopoulos K., Ikonou E., Voytira V.**Hippokraton Hospital, Child Psychiatry Dpt, Thessaloniki, Greece.*

**Objective:** To examine the accompanying psychopathology of children diagnosed with learning disabilities by DSM -IV in years 1996-1997 as well as correlation with pre- and perinatal complications.

**Method:** 53 children (38 boys and 15 girls) ages 6 to 17 years, were assessed. The evaluation included psychiatric interview, personal and family medical history, WISC-R test and a speech therapist assessment for learning disabilities.

**Discussion:** 19 children (35,8%) presented abnormalities occurred in the pre- and perinatal period.

7 children (13,2%) presented hyperactivity and attention deficit. 6 children (11,3%) showed oppositional behavior. 4 children (7,5%) had nightmares. Other accompanying disorders were: nocturnal enuresis (3,7%), encoprisis (3,7%), compulsions (3,7%), panic disorder (1,8%), dysthymic disorder (1,8%).

**Conclusion:** 19 from 53 children (35,8%) presented abnormalities occurring in the pre-, perinatal and neonatal period. 35 from 53 children (66%) presented a certain accompanying psychopathology.

Also 23 children (43,3%) reported low- esteem and poor social interactions.

**LEARNING DISORDERS AND PARENT EXPRESSED EMOTION***R. Uslu, F. Kurdoğlu, G. Erden**Department of Child Psychiatry, University of Ankara, Dikimevi, 06100, Ankara, Turkey*

**Objective:** To assess the effect of a time limited parent effectiveness training group on parent perception, expressed emotion and family functioning of children with Learning Disorders (LD).

**Method:** Twenty-nine parents of 15 children with LD participated in the study. All children were outpatients of the Child Psychiatry Department of the University of Ankara. Parent expressed emotion was assessed by using the Camberwell Family Interview. Parents also completed the Child Behavior Checklist and McMaster Family Assessment Device. All assessments will be repeated following the termination of an ongoing 8 week parent effectiveness training group. Statistical analyses of the scores will be conducted to determine any significant correlations among the above mentioned measurements as well as to compare pre and post-group means.

**Results and Discussion:** LD, unless known well and accepted by parents, are believed to increase tension in the family and disrupt the parent-child relationship. Definite results of the study will be discussed after the completion of the post-group assessments. Results will provide the basis for further, more refined family intervention techniques tailored to the needs of these children.

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**SCHOOL MALADJUSTMENT WITH DISORDERED SCHOOL SKILLS***G.Butorin, N.Khotyanovskaya, Child and Adolescent Psychiatry Department, Ural State Medical Academy for Advanced Education, Chelyabinsk, Russia*

Literature data and practice showed that 16...25% of primary pupils suffered from difficulties in school adaptations and education that are connected with obvious or latent school skills disorders. Multidisciplinary investigation of 36 primary pupils with school skills disorders was produced within the condition of school medical-psychological-pedagogical centre.

For this purpose we use psychopathological, при данной патологии psychological, neurophysiological methods. Clinical estimations layed upon the criteria of ICD-10. We picked out two groups.

In the first group (11) the school skills disorders were conceded to be the consequences of psychic deprivation. School difficulties appeared due mixture disorders of school skills. Affective disorders of these pupils displayed as anxiety-phobic symptoms, "school phobia". Dissocial behavioural disorders followed the first problems in education and soon come to socialized forms. School difficulties of the second group (25) were connected with more isolated disorders (reading, writing, calculating). Results of research indicated on the organic brain disfunction. Affective disorders were characterized by obvious depressive symptoms. Behavioural disorders appeared after 3-4 month and were accompanied with school maladjustment that mildly come to socialized forms of deviated behavior.

The specialists of multidisciplinary team according to the group differences defined directions of complex medico-psychological care.

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**VERBAL ORIGINALITY: COMPARING SEMANTIC-IDEATIVE UNITS**

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**Objective:** To verify the reliability of the evaluation of the original thought through verbal tests, processed and standardized with reference to different socio-cultural contexts. In this respect we focused our attention on the Torrence Test on Creative Thought (TTCT), considering the trans-cultural studies carried out by Torrence. **Methods:** The analyses were carried out on the linguistic output of 116 subjects attending the 4th and 5th years of primary school, responding to the first verbal activity of the TTCT. For the evaluation of the Italian output, pointing out the Type and Token, morphemes and phrases were considered as basic units. The Authors calculated the percentage values of the occurrence of phrases, morphemes and grammatical functions. Then they made cross comparisons between the resulting percentage values, found unique morphemes (Mednick, 1962), morphemes recurring only twice, as well as phrases characterized by the presence of the aforesaid typology of words. **Results:** TTCT prescriptive evaluation: the percentage (41.19%) is in favour of a widespread originality in the phraseologic output of our sample. Evaluation of phrases/units according to their statistical frequency: 93.39% and 83.91% respectively of the type/phrases and of the overall phraseological output turned out to consist of unique phrases. Originality: the Italian linguistic production is highly original. Analysis of phrases containing unique and double words: the evaluation of Originality according to Torrence's criteria was not adequately confirmed in our sample. Functional analysis: it showed that 34.17% and 41.67% of unique productions respectively acted as verbs and as nouns; the only analogies in the comparison between American and Italian productions were pointed out by the analyses carried out according to the criterion of the grammatical function of words. **Conclusions:** The data coming out through this research bring forward the use of tests with verbal contents whose ideative solutions are articulate and complex linguistic propositions, validated on peoples that are different, for lexical structures and reference context, from those on which the prescriptive criteria are identified and built. With reference to the higher levels of Originality noticed in the Italian linguistic output in comparison with the American one, the question is still open if they are linked to creative modes of thought or can be referred to the specific cultural styles of the Italian language.

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**POSTER SYMPOSIUM**

PS 10

**ADJUSTMENT, DISSOCIATIVE AND SOMATOFORM DISORDERS**

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**DEVELOPMENT IN THE CREATIVE THOUGHT: COMPARING ACTIVATORS**

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**Objective:** This research aims at analyzing the way creative manifestations are differentiated with reference to the specificity of the stimuli within which the creative acting is started up and performed. More specifically, it aims at verifying the effect on the problem/situations on the solutions found with reference both to their qualities and to the cognitive strategies chosen by the subjects for their self-fulfilment. **Methods:** The Authors evaluated the solutions provided to the problem/situations of the second figural activity of the Torrence Test on Creative Thought. The analyses were carried out on the total scores made in each of the ten test items with reference to the factors of Originality, Flexibility and Fluency. The Authors examined the papers of students attending compulsory education schools, of both sexes, ranging from the 1st year of primary school to the 3rd year of junior high school, 437 subjects in total, aged between 6 and 15, by using the X2 test with reference to the scores made by the whole sample for creative factors depending on the stimuli/signs and on the age, divided into 1 year intervals. In order to identify the problem/situations eliciting more creative ideative fluxes, the Authors made a comparison between the percentage and absolute values scored by each item for the aforesaid factors; they analyzed the overall course of the strategies used in solving the single items with reference to the examined intervals of age. **Results:** With reference to the age, the sample was divided into ten intervals. As for the evolutive course of the factors of the creative thought, Flexibility and Fluency kept fairly steady in the ten intervals. Originality showed an uneven evolution: values tended to increase in the first three levels - at the 10th level they were almost half registered at the 3rd level. The values of the X2 showed that the productions were significantly differentiated depending on the items, in all the age levels examined, except the first one. **Conclusions:** We can say that the characteristics of the stimulus elicit through resolutive courses differentiated and differentiating the creative process even in its activating phase; the "context" within which the "creative acting" is performed therefore represents an element determining the banal/original quality of the solution the subject finds with an equal creative potential and independently from it. This phenomenon turns out to be constantly incisive for the subjects within the evolutive range we took into consideration.

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**SOMATOFORM DISORDERS IN CHILDREN AND ADOLESCENTS**

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**Objective:** To find out the prevalence and specific features of this new diagnostic group using ICD-10-classification in a clinical population. **Method:** The study relies on the multi-axial diagnostic data of all new in- and outpatients of our clinic in the years 1992 to 1997. All somatoform disorders (F 45) were compared to four other groups: dissociative (conversion) disorders (F 44), depressive disorders (F 32/33), anxiety disorders (F 41) and a group of patients with psychiatric diagnosis (Axis 1). **Results:** In 4204 patients we could identify 148 with a somatoform disorder, showing a prevalence of 3.5 %. The main group was „pain disorder“ (43 %) followed by „autonomic function disorder“ (24 %); complete „somatization disorder“ was - according to expectations - rare (11 %). The five groups did not differ in age, social status, developmental delays or cognitive impairment. Somatoform disorders showed the highest female rate, a significant elevated psychiatric comorbidity and a very high familial history of illness, especially neurosis. Analysis of axis 5 showed a high level of psychosocial dysfunction, comparable to the depressive disorders. We could identify significant elevation in the items „parental overprotection“ and „disturbed peer-relations“. **Discussion:** Somatoform disorders are a relevant diagnostic group with specific features in history, comorbidity and psychosocial dysfunction. Somatization disorders need criteria-modification for children and adolescents.

## LIFE LEVEL AND CHILD SELF-ESTEEM

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**Objective:** There were quite a lot of cases of child's self-esteem (6 - 12 years) in our practice that's why this problem affected our interests.

**Methods:** Practical work was done with 72 children. Low self-esteem researches have given the following results. The normal level of self esteem was observed (9 children) in the families with high social and financial security. They lagged behind the school programme because of their parents' pressure of work. The problems with low self-esteem were observed in the families with normal life-level (35 children).

**Results:** In this case the main reason of the given problem was the parents' psychological instability which caused the ground for child anxiety. The children, living in the families with low social level had low level of self-esteem (28 children), in this case it was connected with the parents' demands upon their children. The children had to work but that is beyond their abilities and doesn't correspond to their wants at the age of 6 - 12.

**Conclusions:** Summarizing the results of researches, it should be noticed that the reasons of armenian child low self-esteem problem are:

1. Fear and Anxiety Projection on children.
2. Non identical parents' attitude to children's age demands.
3. Sharp deference of development levels among the children just of the same age.

## POSTTRAUMATIC STRESS SYNDROMES IN CHILDREN AND ADOLESCENTS FOLLOWING ROAD TRAFFIC ACCIDENTS

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**Objective:** Road traffic accidents (RTAs) are a considerable cause of psychological trauma and are associated with psychiatric morbidity such as PTSD. Few studies exist in children and the frequency of post-accident problems still remains controversial. We aimed to make a contribution to this discussion and to consider possible predictors of adverse psychological reactions.

**Methods:** We examined 73 children (aged 8-18 years) consecutively referred to emergency departments after - mostly minor - RTAs. Interviews took place one week and three months after the accident. Psychiatric morbidity was assessed using a structured diagnostic interview permitting ICD-10 and DSM-IV diagnoses (DIPS), as well as self-report measures (German versions of IES-R and CDI).

A purpose-designed questionnaire was implemented to explore traffic related fears. To detect more general behavior changes we asked parents to complete the Child Behavior Checklist (CBCL). Potential abnormal psychosocial circumstances were explored using parts of a structured interview corresponding to axis five of the ICD-10 (Achse-V-Interview).

**Results:** Even after every-day accidents posttraumatic stress symptoms were common, but no child reached full DSM diagnosis.

The different levels of symptomatology are discussed with regard to accident variables, immediate reactions to the accident, dissociative symptoms, severity of physical injury, age and gender.

## 235 WHICH FACTORS AFFECT CHILDHOOD PTSD ?

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**Objective:** The research aims to look for the factors that may affect the children's response to a big explosion in a military ammunition factory 10 months after the explosion.

**Methods:** The primary school located nearest to the factory was chosen for this research. All 900 students at 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> grades were asked to write a short essay about the explosion. 60 students were randomly selected and interviewed by two clinicians using DSM IV criteria, and Post Traumatic Stress Disorder Reaction Index. They were also asked to fill CDI, STAI-C and Fear Questionnaire. Their parents filled GHQ, BDI, STAI and Mc Master Family Functioning Scale. Another 36 children who were rated affected according to their essays were also evaluated by the same procedure.

**Results:** Of the randomly selected group 3.3% showed severe, 21.7 % moderate, and 41.7 % mild levels of symptomatology. Respective scores were 25%, 31 % and 44% for the second group. PTSD scores of the group correlated significantly with father's and mother's problem solving scores; child's depression and trait anxiety scores.

**Conclusion:** Children may show PTSD symptoms long after the traumatic event and this may be affected by family factors alongwith child's own vulnerability.

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## DIFFERENTIAL STRESSES IN HUNGARIAN DEPRESSED CHILDREN

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**Objective:** Using a recently developed semistructured interview (Detailed Evaluation Schedule for Children and Adolescents - Hungarian version, DESCA-H), 68 life events of a total sample of 526 children were investigated. 215 depressed preadolescents (mean age 12.73 year, SD 2.58) were compared with identical variables of 311 nondepressed mixed clinical controls (mean age: 10.91 year, SD 2.46) referred to child psychiatry care with other psychiatric symptomatology than depressive syndrome.

**Method:** Life events were dichotomized into recent (within 1 year) and earlier stresses: events having occurred since child's birth, their value as predictors were examined by means of two separate logistic regression analyses.

**Results:** Of earlier or chronic stressors, punishment of the child by teacher, serious financial problems of family and mental health problems of family members were uncovered as significant predictors of depression. From the series of recent events, moving to new school, somatic illness and death of relatives and mental health disorders of family members repeatedly have been proved as independent risk factors for depression of the child.

**Discussion:** The findings suggest that significant, differential life stressors, specifically shared with parents may demarcate depressed individuals from clinical samples of children with mental health symptomatology other than depression.

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**NONPILEPTIC SEIZURES IN CHILDHOOD AND ADOLESCENCE****239**

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Nonpileptic seizures are frequently observed in children, adolescents and adults. The incidence of nonpileptic seizures diagnosed in neurological outpatient units varies from 10-40 % for adults and 0,5-10 % for children and adolescents. In 10-60 % of the patients a coexistence of nonpileptic and epileptic seizures can be seen. Literature reviews indicate that there is a remarkable rate of false diagnosis in both directions. The rate for children and adolescents is suggested between 10 and 46 %. To be able to distinguish epileptic and nonpileptic seizures a detailed diagnostic procedure is essential.

In our outpatient unit for seizure disorders we have seen about 750 patients in the last two years. According to the DSM IV and ICD 10 criteria we diagnosed in about 10 % of the patients nonpileptic seizures, in about 1,5 % nonpileptic seizures based on conversion syndrom. The period of time to establish the diagnosis took between 1 month and 6 years. Most of the patients with nonpileptic seizures were under antiepileptic treatment with different diagnosis of epilepsy. The revision of the diagnosis of epilepsy required much therapeutic effort. For patients and parents it was often difficult to accept the change of diagnosis. Therefore treatment compliance was bad and many patients refused further treatment.

**POSTER SYMPOSIUM****PS 11****EATING DISORDERS I****241 - 246****240****THE PSYCHOTHERAPY OF SOMATIZED DEPRESSIONS IN CHILDREN**

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**Objective:** The objective of this research was the development of differential methods of psychotherapeutic correction of endogenous somatized depressions in children.

The basis of this investigation was composed 59 children (aged 7 to 12) who were suffering from cyclothymia or schizophrenia and who had 100 endogenous somatized depressions in whole.

**Methods:** Psychotherapeutic correction included three stages:

1) preliminary - empathical and rational psychotherapy, directed to the establishment and deepening of the contact and changing of the attitude of a child for his illness; 2) principal - Ericksonian Therapy, Neuro-Linguistic Programming, including diverse spectrum of techniques (reframing, subnormal techniques, etc.) or Gestalt-therapy; 3) conclusive - which includes the corrections of improper attitude towards a child and also further proper counseling.

**Results:** The results of treatment were evaluated according to the clinical criterions. The results of this work showed the significant increase of using the complex therapy, where drug therapy combined with psychotherapy, instead of using only drug therapy. Especially, it concerned the patients with anxious depressions, and results had not been connected with "mask" type, but by type of affect.

**Conclusions:** This work showed the importance of using psychotherapeutic correction of children suffering from somatized depressions, not only psychogenous, but also with endogenous disorders.

**241****Phenotypes in three pedigrees with autosomal dominant obesity due to haplo-insufficiency mutations in the melanocortin-4 receptor gene***M Sina, A Hinney, A Ziegler, T Neupert, H Remschmidt, J Hebebrand,**Clinical Research Group, Department of Child and Adolescent Psychiatry, University of Marburg, D-35033 Marburg, Germany*

**Objective:** Recently, haplo-insufficiency mutations in the melanocortin-4 receptor gene (*MC4-R*) were detected which are assumed to lead to the phenotype extreme obesity. In 492 extremely obese index patients we detected four haplo-insufficiency mutations carriers. Herein our intention was to delineate the phenotype associated with haplo-insufficiency mutations. We subsequently genotyped and phenotyped 43 family members of these four index patients, two of whom were second degree cousins.

**Methods:** The family members were investigated at their homes. We molecular genetically screened for the haplo-insufficiency mutations in the *MC4-R*.

**Results:** In the three pedigrees a total of 19 carriers were identified. Extreme obesity was the predominating phenotype ( $\geq 97^{\text{th}}$  BMI percentile). However, moderate obesity ( $\geq 85^{\text{th}}$  BMI percentile) occurred in three of the carriers. No other specific phenotypic abnormalities were detected. One single mutation carrier reported the lifetime occurrence of eating binges fulfilling the DSM-IV research criteria for a binge eating disorder which lasted for a period of three years until age 16. Whereas none of the non-mutation carriers had sought psychological treatment, five (four females) of the mutation carriers reported psychological treatment episodes, which were all related to their obesity.

**Conclusion:** Our data fully support the etiological role of *MC4-R* haplo-insufficiency mutations in obesity. This is the first form of a monogenic obesity with a clinically relevant prevalence of approximately 1% among extremely obese children and adolescents.



**Bone Mineral Density and Serum Leptin Levels in Patients with Anorexia nervosa**

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**Objective:** Several investigations indicate a correlation between body fat mass and serum leptin levels in patients with Anorexia nervosa. Anorexic individuals also are identified to be at risk for developing secondary osteoporosis by losing bone mass not only during the acute phase of their illness. A link between serum leptin levels, the functioning of the reproductive system and bone metabolism seems to exist.

**Methods:** By means of a follow-up-study, we re-examined 51 (13-25 years) former inpatients concerning their bone mineral density, body fat mass, gonadal function and clinical outcome. In 47 of them - 4 were bulimic - serum leptin levels also were measured.

**Expected results:** Without significant correlation to the clinical outcome, TBD (Trabecular Bone Density) was reduced in most of the patients. A parallelism between bone mass loss, gonadal function, body fat mass and serum leptin levels is to be expected.

**242 LEPTIN AND GONADOTROPIN SECRETION IN PATIENTS WITH ANOREXIA NERVOSA DURING WEIGHT RESTORATION**

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**Objective:** This study aimed to study leptin and gonadotropin secretion in patients with AN during therapeutically induced refeeding.

**Methods:** Leptin concentrations were determined biweekly during inpatient treatment of 23 adolescent females with anorexia nervosa and set into relationship to leptin levels of females matched for age and body mass index (BMI:  $\text{kg} \times \text{m}^2$ ). In a different study group of 16 patients with AN serum levels of follicle stimulating hormone (FSH) and luteinizing hormone (LH) were codetermined in parallel to the leptin levels.

**Results:** At referral patients had leptin concentrations well below the female controls. Weight gains led to steep increases of leptin levels which peaked at values well in excess of those observed in controls matched for BMI. In the period after weight restoration leptin levels subsequently fluctuated and finally dropped into or below the control range. In patients with extremely low leptin levels ( $0.1 \mu\text{g/L}$ ) both FSH and LH levels were well below the minimum reference range.

**Conclusion:** The low leptin levels at referral are likely to be involved in the pathogenesis of amenorrhea and the reduced metabolic state of the acutely ill patients. It is unclear whether the high leptin levels during weight restoration are the cause of increased energy expenditure during this stage of the disorder.

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**Altered brain phospholipid metabolism in an animal experiment as a model of anorexia nervosa**

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**Objective:** Restrictive eating in anorexia nervosa leads to reversible brain atrophy and changes in cerebral lipid metabolism shown by magnetic resonance imaging. Furthermore a transient decline in cognitive performance is discussed in association with the changes in cerebral metabolism. The effects of restrictive eating, respectively weight loss, on cerebral phospholipid metabolism has been studied in an animal experiment.

**Methods:** Wistar rats were fed with a standardized hypocaloric diet over 11 weeks to induce a 43% weight loss compared to a normal fed control group. Brain weight, myelin content and membrane phospholipid concentrations in cerebral cortex were investigated in a post mortem study.

**Results:** A significant reduction of sphingomyelin (about 90%) and phosphatidylinositol (about 50%) in cerebral cortex shows that restrictive eating has a strong effect on brain phospholipid metabolism. Neither whole brain weight nor myelin content differ significantly between both groups.

**Conclusions:** Alterations of brain phospholipid metabolism by restrictive eating could be of importance for the transient brain atrophy and cognitive decline seen in patients with anorexia nervosa. Further in vivo studies with  $^1\text{H}$ - and  $^{31}\text{P}$ -MRS techniques could examine a possible association between cognitive deficits and brain phospholipid metabolism in anorectic patients.

**Reduced body fat in long-term followed-up female patients with anorexia nervosa**

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**Objective:** We aimed to evaluate both body composition and serum leptin levels in females with a past history of anorexia nervosa (AN) adjusted for their current body mass index (BMI) because both body fat and leptin levels are correlated with BMI.

**Method:** Matched pairs case-control approach: 23 females with a past history of AN were followed-up ten years after inpatient treatment and compared to 23 female controls of a similar age range closely matched for BMI on a one to one basis. Serum leptin levels were assessed and percent body fat (%BF) was determined via bioelectric impedance analysis. Differences of both %BF and leptin levels between cases and controls were tested hierarchically at the one-sided significance level  $\alpha = 0.05$ . Our hypotheses were: Cases have both lower %BF and lower serum leptin levels than the controls.

**Results:** %BF was indeed lower in the cases compared to the controls ( $p=0.01$ ). However, differences in leptin levels between both groups just failed significance ( $p=0.051$ ).

**Conclusion:** Body composition differs between long-term followed-up patients with AN and BMI- and gender-matched controls. Based on the finding that the former patients reported being more physically active, we assume that the higher physical activity levels in recovered patients with AN underlie the lower %BF.

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## PSYCHOLOGICAL AND PSYCHOSOCIAL CHARACTERISTICS OF FEMALE PATIENTS WITH ANOREXIA NERVOSA AND BULIMIA NERVOSA 246

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**Objective:** We present a retrospective study of 140 patients (110 with anorexia nervosa, 30 with bulimia nervosa), hospitalized between 1982-1992 at the University Clinic for Child and Adolescent Psychiatry of Würzburg, Germany.

**Methods:** All patients met the ICD-10 criteria for anorexia nervosa and bulimia nervosa. We collected data from basic-documentation and MAS-classification as well as several standardized instruments as MMPI, BDI, HAWIK or HAWIK-R.

**Results:** Our findings show significant differences between the two populations. At time of first admission, patients age ranged from 9,5-21,5 years, anorectic patients having a lower mode of age (14,5 vs. 16,5). Furthermore, concerning personality, bulimics scored higher on the MMPI-scales, especially in psychopathia, but showed lower scores for depression in the BDI as the anorectic patients. Other characteristics of the anorectics were higher IQ, more enmeshment and overprotectiveness in family relations and at least more separation anxiety and impaired communication capabilities. In contrast, bulimic patients demonstrated poor performance at school and insufficient communication among family members.

**Discussion:** Considering the diverse aspects of psychological and psychosocial conditions might be helpful in a better understanding of eating disorders and finding an appropriate treatment for anorexia and bulimia nervosa.

## POSTER SYMPOSIUM

### PS 12

## PHARMACOLOGICAL TREATMENT I

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## SELECTIVE SEROTONIN REUPTAKE INHIBITORS IN CHILDREN AND ADOLESCENTS

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**Introduction.** There is evidence that the serotonergic system is involved in the regulation of emotions and behaviours other than depression. The newer antidepressant medications, Selective Serotonin reuptake inhibitors (SSRI's), are recommended as the first line treatment of depression in adult patients but are not currently marketed for use in children. The aim of this study was to review the use of SSRI's in the child and adolescent age group for psychiatric and developmental disorders and to determine the response to treatment and the frequency of side effects.

**Method.** A retrospective search was conducted of medical records and additional information was obtained from a computerised database on all children treated with SSRI medications from 1995 to 1998. The clinical response to treatment was rated by the treating clinicians using the Royal Alexandra Hospital for Children Measure of Function (MOF).

**Results.** Subjects were 137 patients, 84 boys and 53 girls with a mean age of 12.7 years. Patients were treated for a diverse range of disorders including Pervasive developmental disorders (PDD), autism, depression, obsessive compulsive disorders and eating disorders. A total of 102 (69%) patients improved, 39 (26%) had no response and 7(5%) deteriorated on SSRI treatment. There was a significant improvement of MOF scores for the whole group ( $p < 0.0001$ ). Most improvement was found in patients with the depression and the least improvement in patients with PDD's. Side effects were recorded in 36% of patients and were more frequent in boys. Most side effects were mild and self limiting.

**Conclusions.** The results of this study support the suggestion that SSRI's are safe and effective in the treatment of young people with complex psychiatric and developmental disorders.

**THE EFFICACY AND SAFETY OF RISPERIDONE IN 51 PATIENTS IN CHILD AND ADOLESCENT PSYCHIATRY.**

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The role of Risperidone in child and adolescent psychiatry is contentious.

**Aim.** To evaluate the efficacy and side effects of Risperidone.

**Methods.** Cases were identified from the department drug. Case records were reviewed. Outcome was assessed on the RAHC Measure of Function (MOF), a 1-100 biopsychosocial thermometer.

**Results.** Between June 95-Dec 98, 51 patients received Risperidone (31 males; mean age =13 yrs (range 2.5-21yrs; mean dose 0.038mg/kg/day; mean duration =9 months).

**Diagnoses.** 86% had more than one diagnosis; 67% intellectually impairment; 61% ADHD; 27% autistic spectrum disorder; 26% psychosis; 22% genetic disorder; 8% bipolar disorder.

**Target symptoms.** 76% had aggression/violence; 41% hyperactivity; 33% stereotypic obsessions; 19% sleep disturbance; 16% hallucinations; 12% self-injurious behaviour; 10% disinhibition.

**Outcome.** Mean MOF before Risperidone was 33.8 (99%CI 29.9-37.6) and after was 44.4 (99%CI 39.6-49.2). Age, sex, diagnosis or target symptom did not influence improvement.

**Side effects** occurred in 51%; were severe enough to require intervention in 34%; led to cessation in 17%. Main side effects: sedation (27%); weight gain (20%); anticholinergic (10%); extrapyramidal (8%); behavioural (8%).

**Conclusion.** Risperidone was effective in 78% cases with a wide range of diagnoses. Side effects were significant. Further research in extreme disruptive behaviour is warranted.

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**Effects of classical neuroleptics on body weight prior to treatment with Clozapine**

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**Objective:** Several studies have shown that clozapine is a potent agent to induce body weight gain but none of these have considered the prior weight gain due to pretreatment with classical neuroleptics. Therefore we focussed on weight gain occurring within the timespan prior to and after initiation of clozapine therapy in patients suffering from schizophrenic disorders.

**Method:** 72 inpatients of a Psychiatric Rehabilitation Center for adolescents and young adults who fulfilled the DSM IV diagnosis of schizophrenia or schizoaffective disorder were treated with clozapine (3 months up to 4 years). In a retrospective approach 19 of these patients whose medical history and in particular weight history was reliably available were studied descriptively as to weight changes during antipsychotic treatment. Temporal changes in Body Mass Index (BMI) were plotted against age- and gender- adjusted BMI-percentiles.

**Results:** In single individuals we found clinically relevant body weight increments prior to clozapine therapy. However, a wide variety of weight changes occurs: Some patients show only little weight gain under classical neuroleptics, but dramatical weight gains during clozapine-treatment. Weight data of individual courses will be illustrated graphically in BMI-percentiles according to patients' medications.

**Conclusions:** Clozapine indisputably induces weight gain. However, pretreatment with classical neuroleptics can influence body weight to a clinically relevant extent, too. This aspect deserves further attention in future studies. Due to the recent onset of their schizophrenia adolescents are ideally suited to assess the effect of neuroleptic treatment on body weight.

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**Long-term treatment with Clozapine: Weight gain, serum leptin level increments and psychopathology**

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F Theisen<sup>1</sup>, T Brömel, J-C Krieg, W Blum, E Schulz, A Linden<sup>1</sup>, J Frey<sup>1</sup>, H Remschmidt<sup>1</sup> and J Hebebrand<sup>1</sup>

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**Objective:** In a former study we have shown that both body weight and serum leptin levels increase during treatment with clozapine. Since weight gain and psychopathological improvements have been reported to be related, we investigated the influence of clozapine on weight gain, serum leptin levels and psychopathology.

**Method:** In a prospective pilot study 16 patients (male = 7; female = 9) with the DSM IV diagnosis of schizophrenia or schizoaffective disorder were investigated prior to and after initiation of clozapine therapy during a period of 10 to 60 weeks: Body Mass Index (BMI, kg m<sup>-2</sup>), body composition (percent body fat, %BF, measured with bioelectric impedance analysis) as well as serum leptin levels were determined; psychiatric symptoms were rated with the Brief Psychiatric Rating Scale (BPRS). Our hypotheses were: 1) Patients with both weight gain and serum leptin level increments have reductions over time of their BPRS scores. 2) Serum leptin level increments are useful as a predictor for long-term weight gain under clozapine treatment.

**Results:** In single individuals body weight and serum leptin level increments co-occur with psychopathological improvements according to our hypothesis. However, some patients with mild psychiatric symptoms thus have only low BPRS scores from the very beginning on which do not decrease substantially during treatment. Body mass indices and serum leptin levels increase to different extents in most patients. In our sample initial serum leptin increments do not predict long-term weight gain to a clinically relevant extent. Individual courses will be illustrated graphically.

**Conclusion:** Clozapine induced weight gain is of special clinical relevance due to the morbidity associated with obesity and resulting non-compliance. Furthermore, these weight gains may be related to clozapine's antipsychotic efficacy and attributed to its neuropharmacological receptor binding profile.

**EFFICACY OF CLOZAPINE IN ADOLESCENTS REFRACTORY TO RISPERIDONE .**

M.G. Ledda, A. Zuddas, A. Di Martino, C. Cianchetti.

Child Neurology and Psychiatry, Dept. Neuroscience, University of Cagliari, Cagliari, Italy.

**Objective:** Several studies indicate clinical efficacy of atypical neuroleptics in early-onset schizophrenia but compared studies are lacking. We report the efficacy of clozapine in adolescents poor responders to both classical neuroleptics and risperidone.

**Methods:** Five adolescents with early-onset schizophrenia refractory to typicals neuroleptics and to six months risperidone, were treated with clozapine to at least six months (range 150-400 mg/die). Monthly evaluations with PANSS and CGI were used to measure efficacy.

**Results:** Following six months risperidone treatment, a 20% decrease in total PANSS score was observed ( $77 \pm 8.9$  risperidone vs  $104.4 \pm 4.9$  typical neuroleptics). Positive and negative symptoms persisted with social impairment: CGI severity from 6.2 to 4.9. Six months clozapine significantly improved PANSS total score ( $46 \pm 4.3$ ) and CGI severity (from 4.7 to 1.8). Few side effects were observed and improvement continued to at least 12 months.

**Conclusions:** Clozapine could be a useful and safe alternative for patients unsensible to classical neuroleptics and who respond partially to risperidone.

**EEG CHANGES AND CLINICAL RESPONSE IN CLOZAPINE-TREATED SCHIZOPHRENIC ADOLESCENTS 252***M.G. Ledda, D. Pruna, C. Cianchetti**Child Neurology and Psychiatry, Dept. Neuroscience, University of Cagliari, Cagliari, Italy.*

**Objective:** Clozapine's efficacy is speculated as being in part subordinated by its seizure-inducing potential. We describe EEG alterations during clozapine treatment and its correlation with clinical efficacy in 12 clozapine-treated schizophrenic adolescents.

**Methods:** EEGs were performed in wakefulness with activation procedures and were analyzed at baseline, 3-6 and 12 months. Behavioral ratings included PANSS and C-GAS.

**Results:** Focal spike and sharp waves were observed at baseline in 2 patients both assuming classical neuroleptics. At 3 months generalized Spike-sharp waves (GSSW) were seen in 5 and theta-delta bursts (TDB) in other 5. At 6 months GSSW were seen in 2, TDB in 6; at 12 months GSSW in one, TDB in 8. The appearance of EEG abnormalities has been clearly dose-correlated. All patients resulted clozapine-responders: PANSS score and C-GAS improved significantly at 3, 6 and 12 months.

**Conclusions:** High incidence of EEG abnormalities was noted. Epileptiform abnormalities were most evident after 3 months of clozapine treatment and persisted at 12 months but in generally less severe pattern; at the same time clinical improvement was maintained in all patients.

**ADOLESCENT'S ATTITUDE TO PSYCHOPHARMACOLOGY 253***A. Pelaz, J.L. De Dios, P. Sanchez, P. Rodriguez-Ramos**Mental Health Services from Madrid Autonomous Region, Spain*

**Introduction:** The studies about the carry out of psychopharmacology prescription show that almost the 50% is irregular.

The psychiatric illness and the adolescence are two conditions related to this irregularity.

We have to ask us, as professionals, if we take into account the adolescent as a person, their knowledge, prejudice, attitude and understanding about the situation.

It would be interesting to investigate about the factors that can improve the carry out of psychopharmacology prescriptions.

It is useful to know how the illness or to be in touch with Mental Health Services can change the adolescent's opinion and attitude to psychopharmacology.

**Objective:** To improve our knowledge about the following factors: 1.- knowledge about psychopharmacology. 2.- Opinion about benefits and risks. 3.- Attitude to be treated with this drugs 4.- Information received in that cases who have been treated.

**Methods:** We have made an anonymous poll to 150 adolescents from Mental Health Consults and 600 adolescents from a High School, with the following sections: 1.- Help possibilities in case of mental illness. 2.- General utility of psychopharmacology. 3.- Utility of psychopharmacology in case of mental illness. 4.- Opinion if they have been treated with this drugs. 5.- Opinion about mental illness. 6.- Knowledge about some drug.

**Results:** The results will be reported.

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**Friday, Sept 17, 1999**

**STATE OF THE ART LECTURES****SL 03 - SL 04****254 - 255****DEATHS AND SUICIDES IN CHILD AND ADOLESCENT PSYCHIATRIC PRACTICE 255****P-A Rydelius**

Department of Women and Child Health, Karolinska Institutet, Q3:04 KS, SE- 171 76 Stockholm, Sweden.

Objective: In Europe and until the 1950's, children and young people died mainly from lack of care, malnutrition or infectious diseases. Today, accidents or suicides are main causes for death. In relation to aging/severe somatic diseases, we have knowledge on the natural courses of life/diseases and death may be foreseen/expected. Such knowledge is lacking in child and adolescent psychiatric practice.

Methods: Literature has been reviewed on how to predict death and suicide. In different child and adolescent psychiatric samples from 1965 – 1998, including epidemiological approaches, questions on mortality rates, age, causes of death, sex ratio, psychosocial factors, diagnostic groups etc. were explored.

Results: Deaths by accidents/suicides are common among former patients especially in ages 20-24 and 25-29 years. Poor psychosocial conditions, delinquency and aggressive acting out are factors of predictive importance.

Conclusion: A review and a meta-analysis, covering all age-groups, (Harris & Barraclough;1997,1998), conclude that „all mental disorders have an increased risk of premature death“ and „all mental disorders have an increased risk of suicide excepting mental retardation and dementia. The suicide risk is highest for functional and lowest for organic disorders with substance misuse disorders lying between. However, within these broad groupings the suicide risk varies widely“.

**254****TREATMENT INTERVENTIONS AND FINDINGS FROM RESEARCH: BRIDGING THE CHASM**

*Professor Philip Graham*  
27 St. Albans Road, London, NW5 1RG.

In this paper I shall discuss some issues relating to evidence-based child psychiatry. I shall try to bridge the gap between findings from treatment research and what is actually delivered by treatment services.

Although many authorities define 'evidence' solely in terms of findings from random controlled clinical trials (RCTs) this is a very narrow and unhelpful definition. All information that helps to make good treatment decisions should be regarded as evidence including experience from other patients and indeed clinical data from the child and family to be treated. Ideally one integrates different types of evidence in coming to a treatment decision. In fact, RCTs have several limitations, and these will be enumerated. However, in our field, much useful information is available from RCTs. Why then do so many practitioners ignore it and use less well validated and less effective methods? The barriers to Implementation will be described.

For many of our treatment activities, especially those that involve dealing with the stresses that cause disorders, it will never be possible to carry out RCTs. How can these important activities be evaluated? I shall suggest here that comparative audit and qualitative research methods could have a significant role.

**PLENARY LECTURE****PL 03****SOCIAL NEUROSCIENCE: AUTISM AND  
PERVASIVE DEVELOPMENTAL DISORDERS****256****SYMPOSIUM****SY18****COURSE AND COMORBIDITY IN ADOLESCENT  
EATING DISORDERS AND OBESITY****257 - 263****256****SOCIAL NEUROSCIENCE: AUTISM AND PERVASIVE  
DEVELOPMENTAL DISORDERS***D. J. Cohen**Child Study Center, Yale University, New Haven, CT, USA*

The unfolding of socialization, communization, anxiety regulation and internal navigational systems (such as attention) during the first years of life represent the interaction among many biological, genetic and environmental factors. Autism and the broad range of pervasive developmental, neuropsychiatric disorders reflect dysfunctions in the maturation and functioning of these systems, particularly those involved in the formation of meaningful social relations. Research in the developmental sciences (including social cognition, genetics, neuro-imaging, neuropsychology) provide new models for developmental psychopathology. Clinical disorders can be approached in relation to the integration of brain systems that underlie the shaping, integration and disharmonies of complex developmental processes. This presentation will describe current research in the development of social and cognitive processing in normal children as a framework for developmental psychopathology. The lecture will review the preconditions for a child to understand the social world and will use new data in the study of autism that suggest relations between neurobiological and neuropsychological development, the role of genetic and environmental factors, and a new approach to clinical classification of pervasive developmental disorders.

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Course and comorbidity in adolescent eating disorders and obesity

**B. Herpertz-Dahlmann**

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It is the aim of the symposium to discuss the long term course of eating disorders in childhood and adolescence and to evaluate the role of psychiatric comorbidity.

For this purpose different aspects will be ventilated: the role of family and individual weight history and early eating attitudes for the development of a later eating disorder, the time course of recovery and relapse of childhood onset and adolescent eating disorders and the somatic consequences of starvation, especially the unresolved problem of osteoporosis. The papers will underline the high prevalence of anxiety and affective disorders during the acute stage and long-term follow-up of anorexia and bulimia nervosa and the unfavourable interrelationship of psychiatric comorbidity with the outcome of the eating disorder. We will also discuss the importance of psychiatric comorbidity in obesity, which is much higher than in the normal population and probably interferes with weight reducing therapies.

**AFFECTIVE DISORDERS COMORBIDITY IN EATING DISORDERS 258**

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Department of Adolescent Psychiatry, Institut Mutualiste  
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**Objective:** In a multicentre comparative study about addictive disorders, including alcohol or drug dependence and the eating disorders (ED), we focused on the lifetime prevalence rates of anxiety disorders (AD) and mood disorders (MD) among subjects with ED. Our hypotheses were: (1) there is a high comorbidity between ED and affective disorders; (2) when both disorders are present, the affective disorder has most often predated the onset of the ED.

**Methods:** Using the French version of the Mini International Neuropsychiatric Interview (MINI), we assessed lifetime frequencies of AD and MD, by DSM-IV criteria, and ages at onset of all disorders present, among ED patients (anorexia nervosa: N=182, mean age  $\pm$  SD = 20.8  $\pm$  5.1 years; bulimia nervosa: N=113, mean age  $\pm$  SD = 23.3  $\pm$  5.4 years) and normal controls matched to the patients for sex, age and socioeconomic status.

**Results:** Nearly 80% of the ED patients had at least one lifetime diagnosis of a MD (vs 23% of controls,  $p < 0.0001$ ) and more than 2/3 of them had at least one lifetime diagnosis of an AD (vs 20% of controls,  $p < 0.0001$ ). Among subjects with comorbid AD, only 45% of the anorexics (NS) and 20% of the bulimics had at least one AD preceding the onset of their ED. Among subjects with comorbid MD, 95% of the anorexics and 30% of the bulimics had at least one MD preceding the onset of their ED.

**Conclusions:** Our results show, as previously published studies, high prevalence rates of affective disorders in anorexic and bulimic patients. The rates found in this study are particularly high, and this will be discussed in terms of reasons and clinical implications.

**PROSPECTIVE FOLLOW-UP ASSESSMENT IN ADOLESCENT ANOREXIA NERVOSA - OUTCOME, PSYCHIATRIC COMORBIDITY, PERSONALITY DISORDERS AND PSYCHOSOCIAL FUNCTIONING THREE, SEVEN AND TEN YEARS AFTER DISCHARGE 260**

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<sup>2</sup> Child and Adolescent Psychiatry, Philipps University Marburg, Hans-Sachs-Straße 6, D-35039 Marburg, Germany

**Objective:** The aim of this prospective longitudinal study was to examine outcome, psychiatric comorbidity, psychosocial functioning and prognostic factors in adolescent anorexia nervosa.

**Methods:** 34 (88%) out of a consecutive series of 39 inpatients were reinvestigated three and seven years after discharge. After ten years the whole sample (100%) could be examined personally. The patients were interviewed, using structured interviews on their DSM-III-R eating disorder diagnoses, specific eating disorder psychopathology (SIAB, Fichter et al., 1991), comorbid psychiatric disorders (Composite International Diagnostic Interview, WHO 1991), personality disorders (SCID II, Spitzer et al., 1994) and psychosocial functioning.

**Results:** At the ten-year follow-up the majority of the former adolescent inpatients showed substantial improvement in their eating disorder symptomatology; those who retained their illness suffered from a restrictive type of the eating disorder. Nearly half of the former patients suffered from another psychiatric disorder, the most prevalent disorders were anxiety, substance abuse and affective disorders. The results demonstrate that a fourth of the patients had a Cluster C personality disorder. Patients with a good outcome did not differ in their psychosocial functioning from age- matched controls.

**Conclusions:** Anorexia nervosa does not seem to be an episodic, age-specific disorder, but points to a high psychiatric morbidity.

**GENERAL OUTCOME, COMORBIDITY AND PSYCHOSOCIAL ADAPTATION IN EARLY ONSET ANOREXIA NERVOSA 259**

*U. Schulze\*, A. Krill\*, A. Neudörfl\*\*\*, A. Warnke\*, H. Remschmidt\*\*, B. Herpertz-Dahlmann\*\*\**

\*Department of Child and Adolescent Psychiatry, University of Würzburg, Germany, \*\*Department of Child and Adolescent Psychiatry, University of Marburg, Germany. \*\*\*Department of Child and Adolescent Psychiatry, RWTH of Aachen, Germany

**Objective:** In several follow-up studies the early onset of Anorexia nervosa (AN) could be associated with a positive outcome. Due to a lack of systematical investigations concerning the general outcome and psychosocial adaptation of this patient group, we carried out a comparative two center study.

**Method:** 58 patients aged 13 years or less who met DSM-III-R criteria for AN and who had been treated at the Departments of Child and Adolescent Psychiatry of the Universities of Würzburg and Marburg were asked to participate in the follow-up investigation. They were interviewed personally using the Structured Interview for AN and Bulimia nervosa. Comorbid psychiatric disorders were assessed using the CIDI. In addition, subjects completed questionnaires on eating disorder psycho-pathology and psychosocial outcome and also took part of a medical examination.

**Results:** All patients were traced. 43 patients qualified to participate in the study. 38% had a good outcome according to the General outcome score by Morgan & Russell, 31% had an intermediate and 31% a poor outcome. In many patients the termination of growth and puberty was delayed. One patient suffered from severe osteoporosis. The psychosocial adaptation must be interpreted as limited.

**Discussion:** Childhood onset AN is a potentially serious illness with physical problems secondary to weight loss and starvation and a tendency of psychosocial maladaptation, although the overall outcome is quite similar to that of AN with onset in adolescence.

**PERSONAL AND FAMILY WEIGHT HISTORY, AND EARLY EATING ATTITUDES IN SUBJECTS WITH ANOREXIA NERVOSA OR BULIMIA NERVOSA 261**

*M.F. Flament, V. De Foucault N. Godart, M. Speranza, P. Jeammet  
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Montsouris, Paris, France*

**Objective:** Although most authors agree on a multifactorial etiological model for the eating disorders, little research has been conducted on early weight and eating history as possible risk factors for anorexia nervosa (AN) and bulimia nervosa (BN). The aim of the study was to assess early weight history, family weight history, and early eating attitudes, in subjects with eating disorders, their siblings and normal controls.

**Methods:** 14 female patients with AN and 14 with BN were compared to their siblings and to normal controls matched with the patients for sex, age, and socioeconomic status, on weight records between 0 and 15 years, and on Hebebrand eating attitudes questionnaire relating to the 0-14 year period. In addition, parents of patients and controls had their adult weight history recorded, and all subjects were assessed with a structured diagnostic interview and the Eating Disorder Inventory.

**Results:** The subjects with BN, but not AN, were more likely to have been overweight during childhood than the normal controls, the mothers of the anorexics were significantly more often underweight, and the fathers of the bulimics significantly more often overweight than the mothers and fathers of controls, respectively. From parental report, the subjects with AN or BN and their siblings had had more childhood eating disturbances than did normal controls.

**Conclusion:** Family factors regarding weight and eating patterns seem to be important in the eating disorders, with possible roles of either or both genetic and environmental influences.



**LONG-TERM CHANGES IN BONE MINERAL PARAMETERS IN FEMALE ADOLESCENTS WITH ANOREXIA NERVOSA**

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*D. Schlamp, P. Schneider, S. Schuler, F. Badura, G.-E. Trott, C. Reiners, A. Warnke; Clinic for Child and Adolescent Psychiatry and Clinic for Nuclear Medicine, University of Würzburg, Heckscher-Klinik for Child and Adolescent Psychiatry, Munic; Germany.*

**Objective:** Anorectic women often have a reduced bone mass. Aim of the present study was to reexamine female inpatients with anorexia nervosa (AN) several years after the beginning of the disorder.

**Methods:** 52 patients (mean age 20.8+/-2.7 yrs.) underwent a follow-up examination between 3 and 9 years after first evaluation. Measurements of trabecular bone density (TBD), bone mineral density (BMD) and body composition were done by peripheral quantitative computed tomography (pQCT) and by dual-energy X-ray absorptiometry (DEXA). The clinical course was monitored.

**Results:** TBD was reduced in most patients; some patients showed a gain of TBD. BMD showed little change. Total bone mass is a more useful parameter than BMD. Estrogen substitution seems not to be effective.

**Conclusions:** Bone mineral parameters in young patients with AN vary within a wide range. The clinical course seems to have a certain prognostic value. New pathophysiological considerations in respect to biomechanical factors will be discussed.

**SYMPOSIUM**

SY19

**THE EPIDEMIOLOGY OF CHILD PSYCHIATRIC DISORDERS**

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**RATES OF PSYCHIATRIC DISORDERS IN A CLINICAL STUDY GROUP OF ADOLESCENTS WITH EXTREME OBESITY AND IN OBESE ADOLESCENTS ASCERTAINED VIA A POPULATION BASED STUDY**

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**Objective:** To compare rates of DSM-IV psychiatric disorders between a clinical sample of extremely obese adolescents and young adults and obese population based controls.

**Methods** psychiatric disorders were assessed in 30 female and 17 male extremely obese adolescents and young adults and an age matched control group by the Munich-Composite International Diagnostic Interview (M-CIDI).

**Results:** High rates of mood, anxiety, somatoform and eating disorders were detected in the clinical sample of obese adolescents which exceeded those observed in population controls. In most patients the psychiatric disorders set in after onset of obesity. 60% and 35% of the female and male patients, respectively, reported eating binges with loss of control.

**Conclusions:** Extremely obese adolescents and young adults who seek long-term inpatient treatment show high lifetime prevalence rates for psychiatric disorders. Because the mean BMI of the clinical study group was considerably higher than that of the obese population controls, we were not able to clarify, whether the high rate of psychopathology in the study group was related to the extreme obesity or to their treatment seeking behavior.

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**The Epidemiology of Child Psychiatric Disorders***E Fombonne*

Institute of Psychiatry, London, United Kingdom

This symposium brings together researchers who conducted recent surveys on two disorders. The first group of communications provides the results of three epidemiological surveys of autism in England, Norway, and Iceland. Rates of autism in these surveys range from 5 to 10 per 10 000 and authors will discuss how definitions and historical periods affect prevalence estimates of autism.

The three other communications present results of epidemiological inquiries on depression and affective disorders in children and adolescents. Three studies will be presented which were conducted on community samples in Spain, Switzerland, and Finland. The results of these three European studies will be contrasted with estimates coming from other parts of the world.

**Childhood autism - neurobiological findings in a combined population- based and clinical-based study****Eili Sponheim, Ola Skjeldal**Institution : *Department for Children and Families, Centre for Child and Adolescent Psychiatry, University Hospital, Oslo*

**Objective :** A Norwegian study of childhood autism took place 1990 - 1992. The main aims were to compare groups of children with and without autism on neurobiological factors and to investigate underlying pathology of autism.

**Method :** A total population of preadolescent children in a circumscribed geographic area was screened through the health care system (N=70). An additional clinical group of children were identified through three national hospitals (N=62). Screened positive children were individually diagnosed according to the ICD-10 research criteria. An interrater reliability study of the diagnostic procedure was performed. Children were divided into two groups according to intellectual level based on clinical evaluation and were extensively investigated by a neuropaediatrician. Comparison groups consisted of children classified as non-PDD; specially matched control groups of non-autistic children randomly drawn from the same clinical population; developmentally normal children.

**Results :** Medical disorders were frequent in the autistic groups (8-36%). Differences in somatic findings between autistic and non-autistic groups disappeared when groups of same intellectual levels were compared, but levels of brain gangliosides which were elevated in autistic children.

**Discussion :** In this study, medical disorders were associated with mental retardation rather than with autism. Elevated levels of brain gangliosides could indicate increased synaptic activity in autism

**265 Prevalence of autism in Iceland: a brief description of a clinic-based study****267****Páll Magnússon**

Department of Child and Adolescent Psychiatry, National University Hospital, Reykjavik, Iceland

**Objective:** The objectives of the present study were a) to estimate the prevalence of autism in Iceland in children born in two periods, 1974-1983 and 1984-1993 b) to compare this estimate with a previous Icelandic study and recent epidemiological studies in other countries.

**Method:** Cases were collected from the records of two institutions central to the diagnosis of autism in Iceland. In the younger cohort case definition was in 89% of cases based on The Autism Diagnostic Interview-Revised (ADI-R), the Childhood Autism Rating Scale CARS) as well as clinical consensus. In the older cohort case definition was based on the ICD-9 in 72% of cases. Developmental measures were based on standardized tests.

**Results:** Estimated prevalence rates for Childhood autism were at 3.8 per 10,000 in the older cohort and 8.6 per 10,000 in the younger cohort. In the younger cohort the prevalence of Atypical autism was estimated at 4.6 per 10,000. The characteristics of the autistic groups are presented in terms of level of intelligence, male-female ratio and scores on the ADI-R and the CARS.

**Discussion:** The results are discussed in terms of comparisons with other studies, their implications for service delivery in Iceland and future research.

**266****268****PREVALENCE OF PERVASIVE DEVELOPMENTAL DISORDERS (AUTISM & AUTISTIC SPECTRUM DISORDERS) IN PRE-SCHOOL CHILDREN****S. Chakrabarti, S. Williams, F. Devine, E. Fombonne**  
Child Development Centre, Central Clinic, Stafford, UK**Objective:**

To determine the number of children with Pervasive Developmental Disorders in a pre-school population in a geographically defined area in middle England.

**Methods:**

All children born between 1.1.92 - 31.12.95 were screened for significant developmental problems in a target population of 15,500 children. Screen positive children (N=543) were further screened for social, language, behaviour or neurodevelopmental problems. Children identified by the 2nd screen (N=439) were then assessed by a multidisciplinary team. The Autism Diagnostic Interview -Revised was administered to parents of those children in this group who clinically fulfilled DSM IV criteria for PDD.

**Preliminary Results:**

The total number of children with a PDD diagnosis was found to be 97 (prevalence per 10,000: {95% CI 50.2, 75.0}). Children could be broadly divided into two groups of 26 children with autism (prevalence : 16.8 per 10,000 {95% CI 10.3, 23.2}) and 71 children with non-autism PDD (prevalence : 45.8 per 10,000 {95% CI 35.2, 56.4}). Further details of this survey will be provided.

**Conclusion:**

The rate of PDD is larger than in previously published investigations. It is possible to reliably identify these children at an early age.

**Epidemiology of Adolescent Major Depression in Catalonia (Spain)****Edelmira Domenech-Llaberia\*, Joseph Canals\*\*, Susana Subirà\*, Joan Aliaga\***

\* Universitat Autònoma de Barcelona

\*\* Universitat Rovira i Virgili

**Objective :** to estimate current prevalence and incidence of MDD in adolescence in Spain, and to compare prevalences of MDD in 13-14 year olds from a big city (Barcelona, population : 1.600.000) and a smaller town (Reus, population : 96.000).

**Study design :** Cross-sectional in Barcelona and longitudinal in Reus. A two-stage sampling procedure was employed and CDI used as screening instrument in both studies. Adolescents were considered to be probable depressives when they scored 17 points or more on the CDI, a cut-off with a sensitivity of 0.84 and a specificity of 0.72, determined using a previous pilot group of 282 Catalan schoolchildren.

**Method :** In Barcelona, 1525 adolescents were selected by exhaustive random sampling from all eight grammar school classes. At stage 1, children were individually evaluated using the DISC 2.3 and the agreement of two psychiatrists in an open interview following DSM-III-R diagnostic criteria to define cases.

In Reus all schoolchildren (N=579) born in the town during six months were studied. Information at stage II was obtained from the CDRS-R. Furthermore, prevalence and incidence of MDD was assessed over four consecutive years and at 18 years the young adults were assessed by the SCAN.

**Results :** MDD prevalence estimation in Barcelona and Reus at 13-14 year old: 2.7% and 1.9% (CI 95%)

**ADOLESCENT DEPRESSION IN A SWISS EPIDEMIOLOGICAL STUDY**

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*H.-C. Steinhausen, C. Winkler Metzke*  
*Department of Child and Adolescent Psychiatry*  
*University of Zürich, CH-8032 Zürich, Switzerland*

**Objective:** The study of prevalence and determinants of depression in adolescence

**Methods:** Depressive features were investigated in two data waves of a longitudinal epidemiological study with a representative sample of 1964 children aged 7-16 years in the first wave (1994) and a representative subsample of 1089 adolescents aged 15-19 years in the second wave (1997). In each wave a two-stage procedure with screening in Stage 1 and standardized (DISC) interviews in Stage 2 was employed. Questionnaires in Stage 1 included the areas of behavior and emotions, depressive features, life events, self-related cognitions, coping capacities, perceived parental behavior, perceived school environment, and the social network.

**Results:** In the larger sample of both children and adolescents aged 7-16 years, the prevalence rate for affective disorders was 0.66%. It was 1.0% for the 14-16 years age range. Based on questionnaire scores, three subsamples of non depressed, moderately depressed, and severely depressed subjects were formed. The severely depressed group was clearly differentiated from the other two groups by the number and impact of life events, various personality variables, and dimensions reflecting the environment at home, at school, with peers, and with other significant persons. More recent findings from the second wave of data collection allow for the study of the developmental course and causal associations.

**Conclusions:** These findings from an epidemiological study contribute to a better understanding of the determinants of adolescent depression, including those of risk and protective factors.

**SYMPOSIUM**

SY20

**IACAPAP-Symposium****TREATMENT EVALUATION IN CHILD AND ADOLESCENT PSYCHIATRY**

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**DEPRESSIVE SYMPTOMS AND DISORDERS AMONG 8-9 YEAR OLD CHILDREN**

*F. Almqvist, K. Puura \**  
*Department of Child Psychiatry, University of Helsinki,*  
*Lastenlinnantie 2, SF-00250 Helsinki, Finland.*  
*\* University of Tampere*

Of the 6000 children 6.9% scored 17 points or more on CDI. Little more than half of them (4%) was rated as not disturbed by both their parents (Rutter scale RA) and their teacher (Rutter scale RB) and the rest divided into three groups of equal (1%) size;

- 1) screen+ on RA,
- 2) screen+ on RB and
- 3) screen+ on both RA and RB.

According to the diagnostic interview of the parents to 119 screen- and 316 screen+ children, 6.2% of the total sample had a depressive disorder. According to DSM-III-R 4.6% was given the diagnosis depression/dysthymia, 1.5% major depression and 3.4% adjustment disorder with mixed disturbance of emotion and conduct as the first axis I diagnose. When a possible second axis I diagnosis was also taken in account, MDD raised to 2%, DS to 4.9% and AD to 3.7%.

According to the DISC interview for children the prevalence rate of MDD was 4.0% and of DS 9.7% when using DSM-III-R criteria. We found, that a large proportion of children with depression were left without assessment and care. We will address comorbidity and complexity of diagnosing depression in childhood.

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**EFFECTS OF PSYCHOTHERAPY WITH CHILDREN AND ADOLESCENTS**

*J.R. Weisz*  
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Psychotherapeutic treatment of children and adolescents who have psychological problems and disorders has grown out of a rich historical and theoretical tradition. Treatment is now provided for anxiety, depression, conduct problems, attentional problems, and other dysfunctions in millions of children and adolescents each year, around the world. What are the effects of such treatment? A systematic review of evidence from more than 400 treatment outcome studies suggests two conclusions: (a) on average, traditional treatments in traditional clinical service settings may not be very beneficial; and (b) on average, more structured, evidence-based treatments, as tested in randomized clinical trials appear to have beneficial effects, generating a mean effect size between .70 and .80. Some illustrative evidence-based treatments are described, with an emphasis on behavioral and cognitive-behavioral treatments, which are generally the best-supported in clinical trials thus far. Although the evidence is encouraging in many respects, it is vulnerable to criticism on several grounds. A critical analysis points to a need for at least three kinds of research in the future: (1) studies to identify mediators of change, to elucidate the mechanisms through which beneficial treatments produce their effects; (2) studies linking treatment of children to theory and evidence from developmental psychology; and (3) studies that remove treatments from laboratory settings and test them with clinically referred children seen in clinical service settings where most real-world treatment takes place.

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**ASSESSING TREATMENT OUTCOME IN CONDUCT DISORDER 272**

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Beware anyone planning a treatment trial! Instruments which are good at detecting antisocial behaviour in surveys, or in making assessments, are not necessarily sensitive to change in outcome studies. **General questionnaires** such as the CBCL or the SDQ (which is much shorter) are easy to give, but are often less sensitive to change. **Specific questionnaires** such as the ECBI (Eyberg Child Behavior Inventory) may be more sensitive, as may be **Semi-structured interviews** such as the PACS (Parent Account of Child Symptoms). **Direct observation** is often held to be the "Gold Standard" but is expensive to do, is often time consuming to code, and needs to be of a situation which is representative. For example, you may need to set up an argument to see problem behaviour emerge, or observe a mealtime.

An easier alternative is the PDR (Parent Daily Report) where you ring up the parents each day for a week to get an account of child behaviour; it correlates well with direct observation. **Reports by teachers** may not detect change unless there is a classroom or educational component to the intervention. As well as antisocial behaviour, you may wish to measure **peer relationships** and **social functioning**.

References

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**THE COMPONENT MODEL OF TREATMENT IN CHILD AND ADOLESCENT PSYCHIATRY 274***H. Remschmidt, F. Mattejat**Department of Child and Adolescent Psychiatry, Philipps-University of Marburg, D-35033 Marburg, Germany*

**Objective:** There is no single method or theoretical approach that can be regarded as appropriate for the treatment of different psychopathological disorders in children and adolescents. Disorder-specific approaches are required. The component model is such an approach, taking into account different empirically based elements of treatment that are tailored specifically to the respective disorder as well as to the individual patient. The main components are individual problem centered psychotherapy, functional therapies, family-oriented measures, other environmental measures and medication.

**Methods:** In a large clinical sample of inpatients baseline measures were taken at the beginning and the end of treatment and part of the sample was followed up for an average of two years using the same instruments. The instruments included: the Therapy Evaluation Questionnaire (TEQ), the Marburg Symptom List, the Child Behavior Checklist (CBCL) or the Youth Self Report (YSR), the Birmaher Depression Questionnaire, the Global Assessment of Functioning Scale (GAF) and several other instruments.

**Results:** The data were analyzed with regard to outcome measures for the total sample as well as in a more specific way for several diagnoses in a pre/post and follow-up design. For the total sample the pre/post effect-sizes using the different instruments varied between 0,53 and 1,00 showing a systematic decline in the comparison of pretreatment- and follow-up measures. With regard to specific diagnoses, different effect sizes were found, lowest for conduct disorders.

**Conclusions:** The component model can be regarded as an empirically based contribution to the improvement of treatment strategies, also under the aspect of quality assurance.

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**The Therapy Evaluation Questionnaire (TEQ) - New results from an inpatient sample***Mattejat, F., König, U., Remschmidt, H.**Department of Child and Adolescent Psychiatry  
University of Marburg, D-35033 Marburg, Germany*

A newly developed method for the assessment of therapy evaluations (therapy success and process quality; therapy satisfaction) rated from different perspectives (therapists, patients, parents) is presented together with new results from an inpatient sample. The main results of earlier studies were replicated by these new data. Furthermore data analyses show which items of the TEQ represent central aspects of patient satisfaction or consumer satisfaction. Finally, new empirical evidence concerning the stability of therapy evaluation ratings is presented.

**SYMPOSIUM****SY21****OBSESSIVE-COMPULSIVE DISORDER IN  
CHILDREN AND ADOLESCENTS****275 - 279****PHENOMENOLOGY OF CHILDHOOD OBSSIVE  
COMPULSIVE DISORDER***S. Bouchez, M. F. Flament, N. Chabane, M.C. Mouren-Siméoni  
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**Objective:** Obsessive compulsive disorder (OCD) has been increasingly studied over the last two decades. However, many questions remain unanswered, regarding the variability of severity and course of the disorder, the prediction of treatment response, and etiopathogenic factors, notably genetic factors. The aim of the study was to better characterise the clinical presentation of OCD in children and adolescents, in order to possibly explain some of the variability of the disorder.

**Methods:** 41 children and adolescents, aged 6 to 20 years, were evaluated using several diagnostic and symptomatic instruments, including the Child Yale-Brown Obsessive Compulsive Scale (CY-BOCS). The CY-BOCS categories of obsessions and compulsions observed in the sample were analysed using cluster analysis.

**Results:** Two classes emerged, which classified 38/41 subjects. The first class included subjects (N=20) with aggressive and/or hoarding obsessions associated with repeating compulsions. The second class included subjects with contamination and/or symmetry obsessions associated with washing and/or ordering rituals. The two classes differed significantly for sex distribution (16/22 boys in class 1, 12/16 girls in class 2) and for age of onset, more precocious in class 1.

**Conclusion:** The identification of homogeneous phenotypic subgroups in OCD might contribute to better understanding of both the natural and treated course of the disorder, and possibly be the basis for further molecular genetic studies.

**PSYCHOPHARMACOLOGICAL TREATMENT OF OBSSIVE- 276  
COMPULSIVE DISORDER IN CHILDREN AND ADOLESCENTS**

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During the eighties and nineties advances in the treatment of childhood OCD have been obtained. Randomized placebo controlled studies have documented the efficacy of clomipramine and different SSRI's in the psychopharmacological treatment of paediatric OCD. In most cases medication seems to make obsessions less intense, and only in very few cases medication alone seems to make obsessive-compulsive symptoms disappear. Side effects reported in the paediatric population are similar to those reported by adult patients.

Studies on treatment resistant children with severe OCD are still needed. So are studies, in which cognitive behavioural therapeutic strategies are combined with medication. Further, long term studies on medication and studies on maintenance therapy are still warranted.

**275****277****OBSESSIVE COMPULSIVE SYMPTOMS AS  
CORRELATES OF SEVERITY IN THE CLINICAL  
PRESENTATION OF EATING DISORDERS IN  
ADOLESCENCE**

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**Objective:** Obsessive compulsive symptoms have been regarded to be frequent features in the clinical presentation of patients with eating disorders, and possibly to be related to increased severity and poorer prognosis. The study seeks to further examine this association.

**Methods:** A sample of 45 adolescent patients who met DSM-IV diagnostic criteria for anorexia nervosa or bulimia nervosa, and matched normal controls, were investigated using a structured diagnostic interview schedule (MINI), the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), the Eating Disorder Inventory (EDI), and the Beck Depression Inventory (BDI).

**Results:** 46% of the anorexics and 19% of the bulimics (vs 0% and 5% of their controls, respectively) had a lifetime diagnosis of obsessive compulsive disorder. Greater severity of the eating symptoms and higher scores on the EDI were correlated to a higher degree of obsessionality. Even after taking into account the role of depression, the association remained strong.

**Conclusion:** The results support the hypothesis that obsessionality is associated with more severe eating disorder symptoms. Further studies with repeated measures are needed to explore the prognostic value of obsessionality in the eating disorders.

## COMORBIDITY AND RELATION BETWEEN OCD AND NEUROLOGICAL DISORDERS (TOURETTE'S SYNDROME ETC.) 278

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Obsessive-compulsive behavior (OCB) is often seen in movement disturbances based on basal ganglia deficits. Hence, the OCB profile, psychopathological pathogenesis and course of chorea minor/major, PANDAS and Tourette's disorder show some similarities but also some differences compared to "pure" OCD. The presentation will give an overview of the subject.

## SYMPOSIUM

SY22

## CHILDREN, WAR AND PERSECUTION I: AFRICAN PERSPECTIVES

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## LONG-TERM OUTCOME OF OBSESSIVE-COMPULSIVE DISORDER WITH ONSET IN CHILDHOOD AND/OR ADOLESCENCE

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**Objective:** The aim of the retrospective study is to describe the long-term outcome of OCD with onset in childhood and adolescence and to assess psychiatric morbidity including the frequency of personality disorders in the followed up patients.

**Method:** All patients who had in-patient or out-patient treatment due to OCD at the Departments of Child and Adolescent Psychiatry of the Universities of Marburg and Würzburg between 1980 and 1991 formed the total study group. 55 patients had been interviewed personally using structured interviews (the assessment of OCD-symptoms by Y-BOCS and M-CIDI and SCID-II for assessment of ICD-10 and DSM criteria of psychiatric disorders). Concerning the 55 personally interviewed patients, mean age of onset of OCD was 12,5 years, mean follow-up time was 11,2 years.

**Results:** At follow-up 71% of the patients met the criteria for any mental disorder (axis I or II), 36% still suffered from OCD. 14 (70%) of the 20 patients with present diagnosis of OCD had at least one further mental disorder (especially anxiety and affective disorders). In the 55 patients who had been re-examined personally the most frequent diagnoses were obsessive-compulsive (25,5%), avoidant (21,8%) and paranoid (12,7%) personality disorders.

**Discussion:** The high role of mental disorders at 11 years follow-up period and the high rate of obsessive-compulsive personality disorder (OCPD) deserves special consideration as the co-occurrence of OCD and OCPD in the same individual possibly points to a common etiology.

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## African refugee families' narratives of change, flight and exile

*Joachim Walter, Alexandra Kaie, Kathrin Weber*

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**OBJECTIVE:** Shared and private narratives reflect central parts of experience of stresses within the cycle of exile. Stories are used to explain experiences to the children, to connect contexts and cultures but also to conceal stressful events. The capacity to tell meaningful narratives is presented as a central part of coping.

**METHODS:** 10 African families in German exile were assessed using the following methods: Reflective functioning, narrative interpretation of private and shared biographical narratives, DSM-IV Global Assessment of Relational Functioning and Transcultural Formulation. Symptoms were assessed using the Foa-Scale for traumatic events.

**RESULTS:** Good family functioning, narrative capacities reflecting shared meaning, and adaptive coping in exile are central indicators for reflective integration and well-being in exile. They provide a valuable access to this culturally heterogeneous population to psychotherapists dealing with African refugee families in transition.

**Psychic Traumatization of Adolescent Refugees within the Legal Procedures of Pleading for Asylum**

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Univ. Hospital Eppendorf, Martinistr. 52, D-20246 Hamburg,  
Germany

**OBJECTIVE:**

Unaccompanied adolescent refugees coming to Germany know that they have to apply for asylum to get at least a minimal chance for transitional permanence in the country. Waiting for a permit to stay means for them several appointments with local authorities, e.g. police, school, office of foreign affairs, courts etc. Each appointment implicates fear of being rejected, the fear of being put into an aeroplane and sent back to the country of origin.

In a study of the Outpatient Clinic for Child Refugees and Their Families 112 adolescents mainly from Africa and Middle East were assessed using CBCL and PTSD Criteria for DSM IV.

Three cases were observed and accompanied during a visit to the court. Apart from psychic traumatization before the flight, the legal procedures in Germany means additional stress for the refugees. First results of the study will be discussed.

**281 „Family Cultural and Individual Factors in the Decision of Flight: An African Perspective“**

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Child and Adolescent Psychiatry, University of Lagos,  
Nigeria

**OBJECTIVE:**

Nigeria, one of the bigger countries in Africa, nowadays is confronted with problems due to ethnical and the political issues. Many different ethnic groups with different histories are living in a nation, which has been build up by former colonialists.

Natural richness of oil and the engagement of multinational companies led to severe struggles – aggressive and non-aggressive – within the country. Many adolescents try to leave the country to reach Europe with hope of safety, wellness and increase of economical status.

In this background adolescents and their families were interviewed by members of the University of Lagos. An overview is given about the intrapsychic situation of the adolescents regarding their wish to go to Europe and the family bonds which make this difficult.

– No print unless confirmation through the author –

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**African Refugees in Swiss Exile**

Jean-Claude Metraux,  
Appartenances, Terreaux 10, 1000 Lausanne 9, Switzerland

**Objective:**

The aim of this presentation is to give a contribution to the understanding of the interaction of three factors in the psychopathology of children and adolescents - cultural framework, war trauma and insecurity of asylum-status. Their interaction in the course of psychotherapy is being discussed. The presentation is centred on Somali and Angolan children and adolescents.

**Method**

The clinical material comes from about twelve psychotherapies with children and adolescents who do not present other disorder than war trauma. Interpreters/cultural mediators have collaborated in the psychotherapies with some Somali children.

**Results:**

It appears that the insecurity of asylum (temporary admission, possible return in the following months) is the main brake to therapeutical progress. The insecurity experienced by children and their parents often hinders children to leave protective mechanisms they built for survival during war. On the other hand, collaboration of cultural mediators appears really helpful.

**Discussion**

The discussion will be centred on the implications of these observations for the main focus of such children's psychotherapy.

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**REFUGEE CHILDREN AND ADOLESCENTS**

*J.Moilanen, M. Nissilä, L. Vuorenkoski, V. Penninkilampi-Kerola, H. Ebeling. Department of Child Psychiatry, University of Oulu, FIN-90220 Oulu, Finland*

**Objective:** Refugee children's mental health is an important object to study. We hypothesize that risk factors and protective factors can be found, in order to plan suitable programs for better adaptation in new circumstances.

**Methods:** The study group is made up of all refugee children, who had entered Northern Finland during past three years, and their controls matched by age, sex and class at school. Teachers filled in the Teacher Report Form (TRF, Achenbach 1991).

**Results:** When compared with the native controls, refugee boys had more often social problems and refugee girls withdrawn and anxious/depressed behaviour and attention problems. Analysis of various ages revealed, that refugee adolescents did not differ significantly from the natives, but pre-pubertal refugee boys were more often anxious/depressed and had social and attention problems, while pre-pubertal refugee girls were more often withdrawn and anxious/depressed and had also attention problems. Comparisons of different school forms for refugees did not bring any significant differences for boys, but the refugee girls' difficulties were significantly more frequent in ordinary classes than in so called training classes for only refugees.

**Conclusions:** The women's position differs in Scandinavia from that in the original cultures of the refugees. This discrepancy might result in the girls' greater difficulties when exposed to big differences between home and surrounding society.

**Traumatized children in Nicaragua and their caretakers 285**

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 University of Innsbruck (Austria), Institute of Psychology,  
 University Hospital Hamburg-Eppendorf (Germany)

The emotional and behavioural consequences of chronic and acute traumata are known to be different in children as well as in adults. These findings have been replicated by the present study. 25 children between 8 and 14 years, living in a SOS Kinderdorf in Nicaragua, have been examined by using the CBCL, a PTSD questionnaire and a semi-structured interview. Qualitative as well as quantitative differences between the two groups of children could be found: the chronically traumatised children (n=20) showed a higher arousal, more avoidance and less intrusive symptoms than the children (n=5) with single traumatization. The former showed more aggressive and more anxious behaviour. However, the study emphasised the way how caretakers communicate with children about trauma. This question has been studied in deep-interviews focussing on the foster-mother's own traumatic experiences and coping styles; the interviews were analysed applying a grounded theory technique. Three different communication styles were found: Some mothers avoided (1) talking about the child's trauma, in order not to "brake up the wounds", mothers using an accepting style (2) tolerated the child's play or talking about the trauma but did not talk about it openly. Mothers using a focussing style (3) encouraged the children to talk about the trauma and motivated them to play trauma-related games. Four of the eleven mothers had experienced trauma themselves, but only two of them used a focusing style, the two others used an avoiding style. The way they communicated to their children seemed to be influenced by their own defense mechanisms.

**SYMPOSIUM****SY23****PSYCHOPHYSIOLOGICAL MEASURES IN CHILDREN WITH DEVELOPMENTAL DISORDERS****286 - 290****286****PSYCHOPHYSIOLOGICAL MEASURES IN CHILDREN WITH DEVELOPMENTAL DISORDERS**

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 Germany

Event-related potentials (ERP) are indices of brain function. Their features are associated with specific perceptual, cognitive, and linguistic processes. Eliciting ERP in children with specific developmental disorders can provide information about underlying disturbances of neuronal mechanisms and also help to localize deficits in the brain.

During the symposium the authors will report on their findings of late auditory potentials, mismatch negativity, P3, and N400 in children with developmental language disorders and dyslexia. In addition, dipole source analysis for estimating the origin of dysfunction will be considered.

At the symposium the participants will report about abnormalities of ERP in developmental disorders. The results support the hypothesis that developmental language disorders and dyslexia may be due to deficits of basic cognitive functions.

The results emphasize the significance of ERP techniques for investigating the etiopathogenesis of developmental disorders.



**ACTIVITY OF THE AUDITORY CORTEX IN LANGUAGE IMPAIRMENT**

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University of Munich, D-80336 München, Germany*

**Objective:** Language impairment may be caused by basic deficits of auditory processing. The late auditory evoked potentials (LAEP) are considered a neurophysiological correlate of central auditory perception. Since the potentials are recorded on the surface, they consist of overlapping activities of multiple generators. A component analysis is required to distinguish the different components and to evaluate their significance for language impairment.

**Method:** The component structure of LAEP was studied in two groups of language impaired children (20 expressively and 20 receptively disturbed) and 20 age matched normal children. The LAEP were recorded at 23 derivations. Pure tone stimuli were used. Dipole models were derived for all groups.

**Results:** There were only minor differences in localization and orientation of the generating structures. Evaluation of the multiple time components suggests that disturbed auditory perception influences language acquisition.

**Conclusion:** The method of source analysis has proved to be a useful tool for investigating disturbed function of the auditory cortex.

**287 P3 IN CHILDREN WITH DEVELOPMENTAL DYSLEXIA 289**

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University of Munich, D-80336 München, Germany*

Although some neuropsychological studies suggest that dyslexia may be caused by deficits of basic cognitive processing, it could be a consequence of abnormalities of auditory perception. The P3 has been associated with different cognitive, perceptual, and attentional processes and it has been shown to be a reliable indicator of cognitive dysfunction in different cerebral diseases. We determined whether children with dyslexia show specific changes of auditory evoked P3 in comparison to visual P3.

We examined 20 dyslexic children, ages 7 to 12, and 20 normal children, closely matched in age and sex. Auditory and visual P3 were recorded in a standard "oddball" paradigm. Amplitudes, latencies, and distributions were calculated. P3 parameters for auditory and visual conditions were compared between the two groups. The significance of the results for disturbances of auditory information processing in children with dyslexia is discussed.

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**Mismatch Negativity in language-impaired children**

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**Objective:** The Mismatch Negativity (MMN) is an automatic cortical evoked potential that reflects the detection of acoustic changes. It provides a tool for studying central auditory processing mechanisms involved in the perception of simple acoustic stimuli and of speech sounds. Since it does not require that subjects pay attention to the stimuli, it might be useful in assessing language-impaired children who often suffer from attention deficits as well.

**Methods:** Auditory event related potentials were recorded from expressive (ICD F80.1) and receptive (F80.2) language-impaired children and healthy controls (for each group n= 21, age 5-10). Pure tones (standard 1000 Hz, 175 ms, frequency deviant 1200 Hz, duration deviant 100 ms) and digitized consonant-vowel syllables (standard da, deviants ga and ba) served as stimuli for eliciting the MMN.

**Results:** Preliminary analyses showed no differences between patients and controls in the pure tone condition, the MMN was either attenuated in amplitude or absent under the speech-stimuli condition in language-disturbed children.

**Conclusions:** The findings support the hypothesis that there is a specific processing deficit in language-impaired children. Perspectives and limitations at the clinical applications of the MMN in children are discussed.

**EDR BIOFEEDBACK IN PEDIATRIC PATIENTS**

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The modern biopsychological view recognizes the importance of mind/body interrelations, especially for the developing human organism.

In this context biofeedback is appearing as a non-pharmacological treatment strategy for children and adolescents, evolving the links between emotions, cognition, behavior and physiologic responses.

In the paper we present the results of the computer aided second type biofeedback based on electrodermal activity. The method was applied to assessment and therapy of different groups of pediatric patients (ticks, enuresis/encompresis, somatisation, anxious-phobic reactions, ADHD, anorexia/bulimia, stuttering, and nightmare). The statistics showed significant improvement in all groups ( $p < 0.05$ ).

Finally, we pointed out that biofeedback care in pediatrics is highly cost-effective, with good discriminativity for the actual level of stress as well as good therapeutic result through relaxation, when used in combination with the standard psychometric and psychotherapeutic methods.

**SYMPOSIUM**

SY24

**EFCAP-Symposium****CONVENTION OF THE RIGHTS OF THE CHILD  
TEN YEARS - ANYTHING CHANGED?**

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**CONVENTION OF THE RIGHTS OF THE CHILD TEN  
YEARS - ANYTHING CHANGED?***J. Piha, M. Kaivosoja, Child Psychiatry Clinic, University of  
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The Convention of the Rights of the Child was adopted by the United Nations ten years ago, in November 1989. The aims of this human rights convention are to guarantee protection of the children, to give them their part of the resources of the society, and to enhance their participation in the community. Many of these issues are relevant in mental health work among children and adolescents.

In the clinical practice there is a need to respect both the rights of the children and the rights of their families. Sometimes these justified right demands seem to be in conflict. An other difficult issue is involved with the rights of minors in different institutions. There is an urgent need of ethical guidelines and standards for the professionals in the field of child mental health work.

**ENHANCING PARTICIPATION OF CHILDREN  
IN INSTITUTIONS**

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*M. Kaivosoja, S. Mäkkönen, Social Service Department, City of Kokkola &  
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The three principles of the convention of the rights of the child, protection, provision and participation are closely intertwined when we evaluate rights of children's in institutions. Since the convention was into force by law in Finland there has been some considerable changes in the practises of placing children in institutions.

The mental health act was renovated in 1990. Involuntarily hospitalised children and adolescents should not be treated among adult psychiatric patients. The article 37 is planned to protect children deprived from liberty from serious harm by adult patients. The change in the law did not produce changes in practises until new units for adults were established. Thus provision is inevitable to produce protection.

In our studies concerning involuntarily treated adolescents we found that even those children who had most serious problems were able to evaluate their own situation. In research interviews children who were committed to treatment could produce many ideas how they could have been helped earlier. Thus participation of children when treatment is planned could decrease coercive treatment.

Also children in child welfare units were able to critically evaluate the educational system in institutions. But children do not have same capacity to express their views as adults. Enhancing participation of committed children would also contribute to the development of their autonomy. Five aspects of children's participation will be presented.

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**CHILDREN'S RIGHTS IN RESIDENTIAL CARE - A MOUNTAIN  
TO BE CLIMBED TOGETHER***M. Lindsay, The Centre for Residential Child Care, University of  
Strathclyde, Lymehurst, Glasgow G13 1SU, Scotland*

The presentation will cover the issues that have arisen and how they have been tackled in Scottish residential child care since the publication of the Government's review in 1994, and what issues are still to be faced.

The issue will be considered in terms of the agenda of improving quality of service children and young people received when they are living away from home. What are the quality standards that should be in place, and in particular, how can the safety of children and young people be ensured?

It will discuss the role of policy, procedure and training, in developing the quality of residential child care, and will give examples of systems that have been put in place in Scotland to try to deliver this quality.

The presentation will particularly concentrate on the development of methods of involving the young people in the whole process of their life 'in care'. Young people with experience of care can be involved in the selection of staff, the inspection of services, in policy development, training, and advocacy. How this has been done, and the difficulties and successes experienced will be outlined.

The presentation will be relevant to those involved with the care of children and young people who are living away from home in any residential setting, including children's residential units, hospitals, services for children with disabilities etc.

**PROBLEMS IN THE CARE OF CUMULATIVELY  
TRAUMATIZED CHILDREN IN CHILDREN'S HOMES**

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**Objective:** The problems in providing safe and sufficiently good care for children in children's homes will be discussed.

The prevalence of behavioural and psychological problems of children in children's homes in Finland have been studied by using the Child Behaviour Checklist (CBCL) and a background questionnaire about the previous traumatic events in the child's life. These questionnaires were filled in by the key-worker (the personal nurse) of the child.

It was found out that 45-66 % of children in children's homes had clinically significant psychological and behavioural problems and would be in need of child or adolescent psychiatric treatment or some other kind of special help. Previous traumatization was significantly associated with more behavioural problems in the children's home. Sixty- six percent of the children had experienced cumulative traumatization and 20 % were sexually abused before entering care. Moreover, it was found out that there was a significant risk for further traumatization of children in children's homes through sexual abuse by older, also previously abused peers.

It is very difficult for the staff in children's homes to stay alert for the risk situations and at the same time provide homely care, develop growth promoting relationships with the children and to provide help for psychiatric problems of these children.

**NATIONAL AND INTERNATIONAL CHILD ABDUCTION -  
GAMBLING WITH THE CHILD'S WELFARE**

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**Objective:** Although child abduction, committed by a parent in Germany is a breach of law, there are no juridical consequences so far. In case of an international child abduction however, a request for return of the abducted child is possible under the Hague Convention (on the Civil Aspects of International Child Abduction). Only if the return of the child will cause grave risks of serious physical or psychological danger, the automatism of returning the child can be disregarded. Yet for the child's mess and/or welfare it does not matter if the abduction was a national or international one.

**Methods:** Expert-opinions concerning national child abduction, visitation and custody on the one hand, the international child abduction in course of the „Hague Convention“ on the other hand are compared and analysed.

**Results:** The extent of psychological stress can differ and can be extremely high in both, national and international child abduction, although no qualitative differences can be found. Family dynamics and the psychopathology of the child, due to the abduction are described.

**Conclusions:** National child abduction should be managed in the same way as international child abduction in course of the „Hague Convention“. But in contrast to the Hague Convention in national child abduction restraining from returning the child should not be an „exceptional case“.

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**CHILD PSYCHIATRIC, REGULATORY, LEGAL AND ETHICAL  
CHALLENGES IN THE ANTIPSYCHOTIC TREATMENT WITH  
ATYPICAL NEUROLEPTICS. ARE THERE FEASIBLE  
SOLUTIONS IN AN EUROPEAN PERSPECTIVE ?**

*J. Fegert, F. Haessler, S. Rothärmel, Clinic of Child and Adolescent Neuropsychiatry, University of Rostock, D-18147 Rostock, Germany*

In Germany, the treatment of minors with new atypical antipsychotics is until now not a legally accepted standard. There are no common acknowledged sufficient studies for the efficacy and safety of these second generation neuroleptics in children and adolescents.

Legal and ethical aspects are discussed in the context of German criminal and civil law. The so called 'individual therapeutic trial' allows the use of these substances for therapeutic reasons if the patient and his caregivers gave their informed consent. If there are any other than therapeutic motivations, such as research interests, this treatment is illegal. Finally those motivations are hard to separate, exact drug monitoring being one of the ethical principles of quality management in treatment.

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**CHILD PSYCHIATRIC EXPERT OPINIONS IN COURSE OF THE "HAGUE  
CONVENTION" ON THE CIVIL ASPECTS OF INTERNATIONAL CHILD  
ABDUCTION**

G. Klosinski

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**Objective:** Following international child abduction the child psychiatrist is occasionally asked if the return of the child will cause a grave risk of serious physical or psychological danger for the child as pointed out in article 13 (1) (b) of the Hague Convention.

**Methods:** Since 1990, when the Hague Convention came into force, the author had drawn up 4 expert opinions concerning this question. A retrospective analysis of the expertise's was made to find out,

1. if there was evidence for a so called "exceptional case" meaning a grave risk for the child's welfare in case of return.
2. if children show special symptoms after international abduction.
3. if general recommendations for expert opinions could be given, because guidelines so far do not exist.

**Results:** The extend of the psychological distress was extremely high. The children report own suicidal threats and the fear that the parent who abducted the child could be murdered or commit suicide. It came to an "over identification" with the parent who abducted the child in the sense of a Parental-Alienation-Syndrome (PAS). There was no qualitative difference between the pathology of the psychological distress shown by abducted children and children out of expert opinions concerning visitation and custody.

**Conclusions:** In opposition to the juridical view expert opinions should be requested more often, in order to analyse the extend of the extraordinary impairment of the child welfare properly.

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**SYMPOSIUM**

SY25

**CHILD AND ADOLESCENT MENTAL HEALTH  
NETWORK IN EUROPEAN CITIES**

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Child and adolescent mental health network in European cities.

J.P. Matot.

Plate Forme de Concertation pour la Santé Mentale en Région de Bruxelles Capitale, rue du Champs de Mars, 25/6, 1050 Bruxelles, Belgique

The private and public mental health care system for children and adolescents in several European cities are described.

We joint out the main problems the clinicians have to face, the strong and week aspects, and the priorities for a public policy in different European urban contexts.

Child and adolescent mental health network in Brussels.

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J.P. Matot, M. Ribourdouille.

Plate Forme de Concertation pour la Santé Mentale en Région de Bruxelles Capitale, rue du Champs de Mars, 25/6, 1050 Bruxelles, Belgique

**Objectives:** describe the child and adolescent mental health network in Brussels, analyse its clinical efficiency, and compare these issues amongst other european cities.

**Methods:** a working group was set up with colleagues representing the different fields and sectors of mental health care in Brussels, in order to present their institutions, the way they work and to discuss the problems they had to face.

**Results:** the quantitative and qualitative inventory of the network covers different fields:

A) The medical field:

-Child and adolescent in-patient fields;

-Out-patient care, in-and outside the hospital, and in private practice;

-Part time care (day hospitals and equivalent institutes).

B) The social and judiciary field:

-Residential institutes, on voluntary or involuntary basis;

-Teams working in "open" fields.

C) The educative field:

-Medico-pedagogic institutes;

-Special education (for mental deficiency and "instrumental" disorders).

The discussion went on a critical analysis of the existing network, based on clinical experience.

**Conclusions:** Several propositions are made to improve the adequacy of mental health care to the identified needs of children, adolescents and their families in Brussels.

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**MENTAL HEALTH SERVICES IN URBAN MUNICH AND  
SURROUNDING AREA**

*R. Frank, J. Martinus*

*Institute for Child and Adolescent Psychiatry, Klinikum Innenstadt, Ludwig-Maximilians-Universität, D-80337 München, Germany*

**Objective:** To compare mental health services in different European cities: example mental health services in and around Munich.

**Method:** Description of child and adolescent services, other medical specialties, the youth welfare system and the school system.

**Results:** There is a large variety of outpatients services, day care facilities and inpatient services in the medical as well as in the social welfare system. Responsibilities overlap. Budget restrictions in both sector sharpen concurrency and communication problems between systems.

**Conclusion:** Transfer and cooperation between systems is not always easy. Groups of children and adolescents with drug dependency, severe conduct disorders lack adequate care.

**Child and adolescent mental health in Strasbourg : towards more interdisciplinary cooperation.**

*C. Bursztein, V. Berthou, A. Gras-Vincendon, A. Danion-Grilliat, R. Gerber, E. Becache*  
*Service Psychothérapique pour Enfants et Adolescents –*  
*Hopitaux Universitaires de Strasbourg – 1, Place de l'Hôpital –*  
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For more than 25 years, the child and adolescent psychiatry department of the University Hospitals in Strasbourg has organised outpatient care units in the community. These facilities provide consultations and therapies in most working class areas of the city ; they work in close relationship with primary schools and social workers. However they were more oriented toward preschool and school children.

These last years a special effort has been performed for the development of in patient and outpatient facilities for adolescents. The necessity of new cooperations with secondary schools and other institutions responsible for the various aspects of adolescent health, education, and justice has led to the project of a multidisciplinary network. This communication will describe the current organisation, its future developments and the problems met.

**301 NEW APPROACHES TO STATE CHILD PSYCHIATRIC SERVICE (CPS) IN RUSSIA 303**

*Anatoly A. Severny, Yu. Shevchenko, N. Iovchuk, L. Kim*  
*Independent Association of Child Psychiatrists and Psychologists*  
*(IACPP). 23, 18/15, Gruzinsky val, Moscow, 123056, Russia.*

State psychiatric care for children in Russia had positive sides but also many negative ones. IACPP elaborated the Project of State CPS Development with **basic principles**: 1. a) CPS must receive the independence as organization and must closely contact with all institutions serving child population; b) multiple nature of child mental diseases demands multidisciplinary approach with co-operation of specialists of different professions; c) CPS must be close to population. 2. Special law must be approved for regulation of CPS - equal possibilities for receiving care and protection from any discrimination. 3. Limitation of age (as it's adopted over the world) for period of adolescence. 4. Introduction of open program competition "Development of CPS". 5. Taking part in work of interdepartmental multidisciplinary social-psychological centers for children.

**The CPS structure:** CPS use territorial principle. The central link of regional CPS is child psychiatric out-patient clinic. The head of it is the chief child psychiatrist in region. The primary link of CPS is psychotherapeutic office in pediatric out-patient clinic. CPS also include: child psychotherapeutic in-patient clinic in pediatric clinic; child psychiatric hospital; narcological out-patient clinic with in-patient department; invalid's home for mentally disabled children; psychotherapeutic sanatorium; school-sanatorium, psychocorrective kindergarten. CPS works under the guidance of CPS Department in Russian Ministry of Health included Special Information Centre for co-ordination with NGO organizations working in child psychiatry.

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**THE GERMAN 'SOCIAL PSYCHIATRY AGREEMENT' - A MODEL FOR EUROPE ?**

*R. Schydl*  
*Child Psychiatric Group Practice,*  
*D-40215 Düsseldorf, Germany*

In 1994, a 'Social Psychiatry Agreement' was signed by the 'German National Association of Statutory Health Insurance Physicians' (Kassenärztliche Bundesvereinigung) and many German health insurances (Ersatzkassen). This agreement enables child and adolescent psychiatrists in private practice to employ other health professionals including social workers as well as psychological and pedagogical psychotherapists, physiotherapists, speech therapists etc.. Such a close cooperation makes it possible to treat most child psychiatric disorders in private practices of child and adolescent psychiatrists in Germany.

This social psychiatric network - meanwhile paid by most of the German health insurances - can serve as a model for child psychiatrists in private practice in other European countries as well.

**POST-WAR CHILD MENTAL HEALTH SERVICES IN MOSTAR, BOSNIA**

*B. Hacam, W. Yule, P. Smith, S. Perrin*  
*University of London Psychosocial Programme in Mostar*

**Objective:** To describe a multi-tiered model of service delivery for children and families living in the war-torn city of Mostar. **Methods:** Mental health services were developed predominantly through the remaining school system during the war and subsequent emergency. 400 primary school teachers in Mostar and over 2,000 in Zenica were trained to recognise stress symptoms and collaborate with families in relieving them. A centre was founded and staff trained to deal with more serious problems. This paper describes the work done with more than 250 referrals seen in the past two, post-war years.

**Conclusions:** With initial help from UNICEF and international staff, it proved possible to train teachers to a high level of skill as therapists. Some structural problems emerged in the post-war reconstruction phase, and these will be critically discussed.

**SYMPOSIUM****SY26****SUICIDAL BEHAVIOUR IN CHILDREN AND ADOLESCENTS****305 - 309****RISK FACTORS IN SUICIDAL ADOLESCENTS****306***M. Tomori**Chair of Psychiatry, School of Medicine University of Ljubljana  
Zaloška 29, Ljubljana, Slovenia*

**Objective:** The aim of the study was to investigate psychosocial characteristics of suicidal adolescents.

**Method:** The study comprises of three groups of adolescents: non-suicidal high school students, high school students with suicide attempt in the history and adolescents hospitalized after a suicide attempt. The data on psychosocial characteristics of both community and clinical sample were collected by administration of specially designed questionnaire. Depression and self-esteem were measured by validated scales.

**Results:** Suicidal adolescents from the community sample showed almost the same frequency of the risk factors as the clinical group. Significantly higher frequency of dysfunctional family, use of alcohol and psychoactive substances, eating disorders, high level of depression and low level of self-esteem were found in the community and clinical sample of suicidal adolescents in comparison with non-suicidal adolescents.

**305****307****THE FOURTH ORGANIZER OF ADOLESCENT DEVELOPMENT**

S. Tyano

Geha Psychiatric Hospital, POB 102, Petah Tikva Israel 49100

**Objective:** To relate the intraphysic development of the concept of death during adolescence to the problem of suicidal behaviour during this period.

**Methods:** An attempt is made to integrate the literature on the normal development of adolescence with the organizer concept of Rene Spitz. This will be done in the light of the authors clinical experience.

**Results and Conclusion:** It appears that every adolescent must make a choice on whether to live or die as part of the growth process. This choice may be conceptualized as a "fourth organizer".

**PSYCHOPATHOLOGICAL APPROACH OF ADOLESCENT SUICIDE***Philippe Jeammet,**Institut Mutualiste Montsouris, Paris, France*

We will discuss of the research on a psychodynamic oriented assessment of 200 adolescents and young adults after a suicide attempts.

# Self-Esteem and temperamental characteristics of adolescent suicide attempters 308

F.J.KOCHMAN, M.H.PHAM, F.DUCROCQ, P.J.PARQUET

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**Hypothesis :** cyclothymic temperament and self-esteem assessment may allow reliable measurement of risk of suicide attempt in adolescents.

**Methods :** A sample of 26 young suicide attempters was compared with 26 non suicidal adolescents hospitalized in the same department (aged from 12 to 17, mean 15,6 [SD]= 2,2). They were all assessed with Kiddie-SADS semi-structured interview (according to DSM IV criteria), Akiskal and Hantouche cyclothymic temperament questionnaire, Coppersmith Self-Esteem inventory, Child Depression Inventory (CDI) and Beck Hopelessness Scale.

**Results :** 21 among these 26 suicidal inpatients (81%) were suffering from a major depressive disorder. Cyclothymic temperament was found in 68% of young depressed suicide attempters, versus 17% in matched non suicidal inpatients (Fisher test, 68% vs 17%  $p<0,01$ ). The association between cyclothymic temperament and very low self-esteem was significantly more frequent among depressed young suicide attempters (Fisher test, 48% vs 11%  $p<0,01$ ).

**Conclusion :** The results strongly suggest that the combination of low self esteem and cyclothymic temperament is highly related to suicidality and highly predictive of suicide attempts in depressed adolescents. Temperamental profiles and self-esteem measurement may help in assessing suicidality and planning treatments in adolescents.

## SYMPOSIUM

SY27

### EFCAP-Symposium

## TREATMENT OF CONDUCT DISORDER AMONG ADOLESCENTS

310 - 316

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# PERSONALITY CONSTELLATIONS IN SUICIDAL BEHAVIOR

A. Apter

Section on Child and Adolescent Psychiatry, Sackler School of Medicine, University of Tel Aviv

Suicide and suicide attempts are frequently (80-90%) associated with an Axis I disorder, most often depression, often complicated by other comorbid conditions. However, these diagnostic indicators have low specificity. Therefore one of the most pressing clinical research questions in the area of suicide is to determine what factors above and beyond psychiatric disorder predispose to suicide. The hypotheses which are presented are based on the author's work with suicidal adolescents in three very different settings: 1) Psychological post mortem studies of adolescents (aged 18-21) who killed themselves while doing their compulsory military service in the Israel Defense Force (IDF). 2) Clinical work with suicidal adolescents on a adolescent psychiatric inpatient unit. 3) Work in the emergence room of a large general hospital as part of an epidemiological study of parasuicide. The hypothesis is that there are three sets of personality constellations that may underlie suicidality. 1. Narcissism, perfectionism and the inability to tolerate failure and imperfection combined with an underlying schizoid personality structure that does not allow the individual to ask for help and denies him the comforts of intimacy. 2. Impulsive and aggressive characteristics combined with an oversensitivity to minor life events. This sensitivity often leads to angry and anxious reactions with secondary depression. These subjects tend to use defenses such as regression, splitting, dissociation and displacement and to have suffered, childhood physical and sexual abuse. These patients may be characterized as suffering from borderline personality disorder. 3. Finally there are those persons whose suicidal behavior is driven by hopelessness often related to an underlying depression. This hopelessness and depression usually result from mental illness such as affective disorder, schizophrenia, anxiety disorder and anorexia nervosa.

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## TREATMENT OF CONDUCT DISORDER AMONG ADOLESCENTS

(European Association for Forensic Child & Adolescent Psychiatry, Psychology & other Involved Professions - EFCAP)

Speakers:

L. Boendermaker, F. Graham, J. Hermanns, W. Hirschberg

The treatment of conduct-disordered adolescents is a great challenge for child and adolescent psychiatry. To date, only few treatments have been shown to be effective in changing the dissocial attitudes and behaviors of conduct-disordered adolescents. So it seems appropriate to look for new approaches in this area.

This symposium aims at displaying several promising approaches that could improve prevention and treatment of conduct disorder among adolescents. New theoretical considerations as well as evaluation studies of treatment programs are presented.

**WHAT WORKS WITH JUVENILE OFFENDERS?***Leonieke Boendermaker**Ministry of Justice, 2500 EH The Hague, The Netherlands*

**Objective:** In the Netherlands, a lot of information is available about the effectiveness of crime prevention and alternative sanctions for young offenders. However very little is known about the execution of prison sentences and penal or civil measures for young offenders. These more 'traditional' sanctions are executed in so called 'judicial residential care centers'. The prison sentences are served in remand centres, the penal or civil measures in treatment centres. In the remand as well as in the treatment centres, the approach is focused on rehabilitation more than on punishment. Nevertheless, the treatment centres have the special task to reduce or cure disorders that influence the development to adulthood in a negative way. Because of this special task the presentation will focus on the treatment centres.

**Results:** The characteristics of effective residential treatment as described in the literature will be summarised and the intervention in the judicial residential treatment will be discussed against this background.

**Conclusion:** It will be shown that the centres in the Netherlands show a lot of the characteristics of effective interventions. However, important improvements could be made if the knowledge from the literature is taken into account.

**311 EARLY INTERVENTIONS IN MULTIPROBLEM FAMILIES BY FAMILY SUPPORT***J. Hermanns**University of Amsterdam, 1000 NA Amsterdam, The Netherlands*

**Objective:** In this study, a model was used that considers youth delinquency as an outcome of risk accumulation in the child rearing system. Interventions, based on this model, are directed at strengthening protective factors, especially effective support systems.

**Methods:** In a program for families with young children who experience severe child rearing problems, intensive social support by volunteers was organized.

**Results:** In a follow-up effects were found on child behavior, on child rearing competencies and on parenting stress. A structural equation analysis showed that effects were larger when support was effective in solving everyday problems among the families that participated in the program.

**Conclusion:** Effective prevention of delinquency among adolescents has to focus on multiproblem families. Social support must have the goal to make these families more competent in solving their everyday problems.

**312****MALADAPTIVE SCHEMA IN A SAMPLE OF SEXUALLY ABUSIVE ADOLESCENTS***F. Graham**Newcastle General Hospital, Newcastle upon Tyne, Great Britain*

**Objective:** This study describes the results of the administration of the Schema Questionnaire.

**Methods:** Forty British sexually abusive adolescents completed the Schema Questionnaire.

**Results:** 23 of the sample scored significantly high on several of the sixteen early maladaptive schema which comprise the questionnaire.

These were 1) emotional inhibition, 2) social isolation/alienation, 3) mistrust/abuse, 4) failure to achieve, 5) insufficient self-control/self-discipline and 6) social undesirability. The majority of the three highest ranking early maladaptive schemas rise the Disconnection and the Rejection domain. This refers to the fundamental belief that one is alone or has been rejected by other people.

**Conclusions:** These results provide support to the theoretical position that intimacy deficits and social competency deficits are associated with sexually abusive behavior in adolescents. This study indicates the applicability of Young's schema focused model to some abusive adolescents. It concludes that early maladaptive schema underpin severe interpersonal and social difficulties. The therapeutic implications of this conclusions is that the treatment of some abusive adolescents ought to incorporate Cognitive Therapy, targeting dysfunctional beliefs and assumptions.

**313****SOCIAL THERAPY WITH CONDUCT-DISORDERED ADOLESCENTS***W. Hirschberg*

**Objective:** The purpose of this study is to evaluate the effects of the therapy program of the social therapeutical ward at the Pfalzinstitut for child and adolescent psychiatry. This therapy program was specially developed for adolescents with severe conduct disorders.

**Methods:** Since the opening in 1990 up December 1996, 71 adolescents were treated at the social therapeutical ward. The attitudes of the adolescents after admission and before discharge respectively were assessed on a personality questionnaire (HSPQ), their aggressive behavior in the first 4 weeks after admission and the last 4 weeks before discharge was rated by staff members on the overt aggression scale (OAS). One year posttreatment the behavior of these adolescents at home and at school/at work was assessed.

**Results:** One year follow-up data indicate that 60% of the former patients showed no severe behavior problems at home, the same held for 68% at school/at work. Positive outcome was associated with changes from dissocial to prosocial attitudes on the HSPQ. Decrease in aggressive behavior during therapy was associated with an increase in behavior problems after discharge.

**Conclusions:** Therapy programs for conduct-disordered adolescents should in first line aim at changing the attitudes of these adolescents in the prosocial direction.

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**EFFECTIVENESS OF SOCIAL SKILLS TRAINING PROGRAM FOR CHILDREN WITH CONDUCT PROBLEMS - SKILL ACQUISITION 315***A. Al Ansari, A. Hafedh**Psychiatric Hospital, P.O. Box 12 Manama, Bahrain*

**Objectives:** The Social Skills Training Program for Children with Behavioral Problems Attended an Inpatient/Day Care program was assessed in term of skill acquisition and generalizability.

**Methods:** Eight boys aged 10-14 were exposed to 11 sessions of social skills training twice weekly for 6 weeks. The sessions included topics related to class room behavior, effective communication, problem solving and coping with stress. The subjects performance on these skills were measured by parents and teachers before and immediately after the training period and one year later.

**Results:** Both parents and teachers reported significant increase in the frequency of use of these skills. The generalization of the use of these skills in the community one year later was confirmed by assessors.

**Conclusion:** Social Skills training is an important adjunct treatment for children with behavioral problems.

**SYMPOSIUM****SY28****CHILDREN OF TRANSEXUAL OR HOMOSEXUAL PARENTS****317 - 319****316****FAMILY OF AGGRESSIVE CHILDREN***C. Oancea, M. Safer**Dept. Child Psych. "Al. Obregia" Hospital, Sos. Berceni 10, 75622 Bucharest, Romania*

**Objective:** The family relationship of aggressive children and adolescents are under discussions. Our hypothesis is that the mechanisms involved are multiple.

**Methods:** We assessed:

1. the quality of family life of a group of 32 families;
2. the education style related to accuracy of child image and educational experience through our questionnaire;
3. child peculiarity (Youdovsky index aggressivity and Connors hyperkinetic index).

**Results:** There were differentiated the degree of aggressivity of the child which was significantly related to the family dysfunctions being differentiated three categories of families: normal (10), discorded (12), abnormal (10). Significantly different mechanisms were identified of generated aggressivity in handling difficult children mostly hyperkinetic (21). Excessive educational excesses and imbalance as permisivity in normal family, excessive punishment in abnormal families and general conflictual atmosphere in astrigers and discord families. Whereas the education was rather modely.

**Conclusions:** Family life influences in different manners of level of child aggressivity.

**317****CHILDREN OF TRANSEXUAL OR HOMOSEXUAL PARENTS***Colette Chiland, Université de Paris V, 31, rue Censier, F 75005 Paris, France*

The four participants of this symposium will bring together their experience to try to answer to the new problems met by children having a transsexual or an homosexual parent.

C. Chiland will open the Symposium in distinguishing the various situations.

Children are born, before a sex-reassignment surgery, from a transsexual parent, who is biologically and legally their parent. But there is also the case of a transsexual who asks, after surgery, to adopt a child, or to benefit from artificial insemination with a donor.

Children are born from a homosexual parent, who is biologically and legally their parent. But there is also the case of homosexual couples asking to be together the parents of a child (adoption, artificial insemination with a donor).

In these four cases, children have to cope with a particular family situation. How do they cope? How to help them? What would we recommend to the various instances dealing with these situations?

The various issues raised by research in this field will be discussed. There are very few research data available. Research is particularly difficult because these phenomena are recent, and we need long-term data, with control groups, to know the evolution of the children, not only in terms of gender identity and sexual orientation, but in terms of their suffering and mental health.

## CHILDREN OF TRANSSEXUAL PARENTS

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SYMPOSIUM

SY29

## EATING DISORDERS

320 - 324

Peggy T. Cohen-Kettenis, Ph.D., Department of Child and Adolescent Psychiatry, Utrecht University Hospital, The Netherlands

When a parent informs a child that (s)he « will start a sex reassignment procedure », the child is confronted with rather complex information, which is both cognitively and emotionally difficult to cope with. For young children it is impossible even cognitively to comprehend the implications of this message. Older children, though sometimes able to understand the events that will occur, will invariably face an emotionally hard period. They « loose » a parent and « gain » a new person in their life and often their parents' sex reassignment occurs with a separation or divorce, making the family circumstances even more difficult. Interestingly, the way children cope with such a situation varies considerably from child to child. Various factors, such as age of the child, and certain parents and child characteristics seem to contribute to an adaptive handling of the situation. We will describe this patient group with respect to the type of problems they face and the inter- and intrapersonal issues that come up in the course of a therapy. The factors that may help the child to handle the sex reassignment of their parent are also discussed.

The presentation is based on data of patients who have been seen at the Gender Clinic for Children and Adolescents at the Department of Child and Adolescent Psychiatry of the Utrecht University Hospital. Since the start of this clinic children of transsexual parents are seen from age 2 to 18.

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## CHILDREN OF TRANSSEXUAL PARENTS

*D. Di Ceglie* \*, *B. Wren* \*\*

\* *Adolescent Department, Tavistock Clinic; Gender Identity Development Unit, Portman Clinic*

\*\* *Gender Identity Development Unit, Portman Clinic London, United Kingdom*

The paper describes the clinical work with a child of a transsexual parent. The child, a girl of 8, was referred to the Gender Identity Development Service at the Portman Clinic, London, by the Court following the father's request to the Court to regain access to the daughter after a lack of contact for 2 years, during which her father had undergone gender reassignment. At the time of referral the child was unaware of the father's transition. The work, still in progress, has involved meetings with the mother and the child, with the transsexual parent separately, and liaison with the Court Welfare Officer and the legal system. The paper describes the stages of work and discusses the complexity of working at the boundary between clinical work and the legal system, which has remained involved throughout the length of our work. In this case profound splitting processes, with intense hostility and recriminations, are present in the relationship between the parents, with powerful effects on the child. As some of the features are suggestive of « parental alienation syndrome », ethical issues regarding access are discussed.

The paper is based on a psycho-dynamic developmental framework and a systemic approach to working imaginatively with individuals, families and wider networks.

It also provides a clinical illustration of the principles of management, as described by D. Di Ceglie & D. Freedman, eds, (1998). *A Stranger in My Own Body. Atypical Gender Identity Development and Mental Health*, London, Karnac Books.

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## WEIGHT REGULATION IN ANOREXIA NERVOSA

*J. Hebebrand, A. Hinney, A. Ballauff, H. Coners, N. Barth, H. Remschmidt*

*Clinical Research Group, Department of Child and Adolescent Psychiatry, Philipp's University of Marburg, D-35033 Marburg, Germany*

**Objective:** Molecular genetic approaches have provided us with an insight into the complex regulatory phenomena underlying body weight regulation. Obviously, these recent advances have implications for our understanding of eating disorders and in particular of anorexia nervosa.

**Methods:** Three different approaches were chosen to address weight regulation in AN. 1) At the clinical level body mass indices of patients were assessed premorbidly and related to BMIs at referral for inpatient treatment. We hypothesized that premorbidly overweight patients have a higher BMI at referral than those patients with premorbid underweight. Because patients with AN often have obsessive compulsive symptoms we also assessed BMIs of adolescents with obsessive compulsive disorder hypothesizing that these patients would have reduced body weights. 2) To assess the implications of the low leptin secretion in acute AN for reproductive function serum leptin levels of patients with AN were assessed longitudinally and related to gonadotropin levels. 3) Molecular genetic analyses were performed to identify mutations underlying AN using the candidate gene approach. Genes potentially involved in weight regulation were considered as candidate genes.

**Results:** Premorbid BMIs were correlated with BMIs at referral thus substantiating our hypothesis. Adolescent patients with OCD have lower BMIs than psychiatric and population based controls, thus pointing to the possibility that underweight might be a common feature in both AN and OCD. Especially secretion of luteinizing hormone showed a temporal relationship to leptin secretion supporting a role of the lowered leptin secretion in the amenorrhea characteristic of AN. Finally, despite detection of single mutations in diverse candidate genes none appear to be relevant for the genetic predisposition to AN.

**Conclusions:** In clinical practice we emphasize the importance of obtaining a weight history of an acutely ill patient with AN. Underweight is possibly a common feature in other psychiatric disorders perhaps pointing to an underlying pathogenetic mechanism. Leptin levels are of help in interpreting the clinical condition of a patient with AN. The candidate gene approach has not yet led to the identification of relevant loci.

**PERSONALITY PROFILES IN ANOREXIA NERVOSA AND BULIMIA NERVOSA: A COMPARATIVE STUDY WITH ADDICTIVE DISORDERS AND NORMAL CONTROLS**

M.F. Flament, M. Corcos, J.D. Guelfi, N. Godart, F. Perez-Diaz, S. Paterniti, P. Jeammet  
CNRS UMR 7593, Hôpital de la Salpêtrière, and Institut Mutualiste Montsouris, Paris, and the INSERM Network n°494013

**Objective:** The eating disorders have been considered by some authors as addictive disorders. The aim of the study was to identify personality characteristics associated with DSM-IV anorexia nervosa (AN) and bulimia nervosa (BN), with the hypothesis that some personality features would be common to subjects with eating disorders and those with other addictive disorders.

**Methods:** In an ongoing multicenter clinical study (INSERM Network n°494013), 126 subjects with AN and 101 with BN were compared to 235 subjects with alcohol dependence (AD), 139 with drug dependence (DD), and normal controls from the community matched to the patients for sex, age, and socioeconomic status. Personality profiles were assessed using the Minnesota Multiphasic Personality Inventory (MMPI-2d version).

**Results:** Overall, the MMPI profiles of subjects with AN, BN, and DD, but not AD, were significantly higher (i.e. more pathological) than those of matched controls. Compared to controls, who had a normal distribution on all scales, subjects with AN and, to a lesser extent, BN, appeared to have a bimodal distribution on several MMPI scales, including conversion hysteria, hypochondriasis, psychopathic deviate, and hypomania.

**Conclusion:** The identification of specific personality profiles in subjects with eating disorders have both etiopathogenic and therapeutic implications. The relationships between personality features and clinical severity of the eating disorders will be discussed.

**321 PREPUBERTAL ANOREXIA - A LONG-TERM COMPARATIVE FOLLOW-UP****323**

B.W. Jacobs, C. Evered, A. Smith & R. Harrington (1999)

St. Georges Hospital Medical School, London, UK

**Objectives:** A controlled long-term follow up of anorexia nervosa with childhood or adolescent onset and comparison with a group of adults with previous childhood depression.

**Method:** 107 anorexia nervosa cases, with onset before age of 17 years, were seen at the Maudsley or St George's Hospitals. They were at least 23 years old when followed-up. Documented physical pubertal status at illness onset allowed comparisons across puberty. Comparisons were made to adults with previous childhood depression and to adults previously seen elsewhere in the child psychiatric clinic (controls). Mean follow-up exceeded twenty years. RDC criteria obtained from SADS-L, the APFA, EAT and Morgan & Russell scales were used.

**Results:** Physical outcome scores were similar across puberty; prepubertal children had worse average outcome scores, faring worse in adult psychosexual function and psychosocial function. Early self-harming behaviour predicted adult incapacitation for children developing anorexia after physical pubescence. Anorectics of each pubertal status had similar rates of adult depression. There were higher rates of adult depression following prepubertal anorexia nervosa than after prepubertal depression. Survival analyses and other aspects of this data will be considered.

**Conclusions:** Prepubertal anorexia nervosa is serious with very substantial adult affective morbidity and effects on psychological development.

**322****324****EMOTIONAL FUNCTIONING IN ADOLESCENT EATING DISORDER PATIENTS AND CONTROLS**

A. van Elburg<sup>1</sup>, H. van Engeland<sup>1,2</sup>, M. Zonneville-Bender<sup>1</sup>, S. van Goozen<sup>1,2</sup> & P. Cohen-Kettenis<sup>1,2</sup>

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2: Rudolph Magnus Institute for Neurosciences, Utrecht, the Netherlands

**Objective:** To establish whether eating disorders can be understood in terms of deficits in emotional functioning. Several studies have investigated the prevalence of alexithymia in eating disorder patients. Although the construct of alexithymia is popular in psychosomatic research and theorizing, its validity has yet to be established.

**Methods:** To investigate emotionality three tests were constructed which were designed to measure different aspects of emotional functioning. These tests and a battery of questionnaires on emotional functioning and alexithymia were administered to 30 eating disorder (ED) adolescent girls and 30 non-patient controls, matched for age and social status. Non-emotional, cognitive parallel tasks were administered on the same occasion in order to establish whether any possible deficit was emotion specific or of a more general cognitive nature.

**Results:** ED patients had clear deficits in emotional functioning: they were worse in emotion recognition ability and slower in generating associations to emotional words. In addition, they had a clear right ear advantage for processing verbal emotional information.

**Conclusions:** ED patients process emotions differently and show specific deficits in the recognition and elaboration of emotional information.

**A TRANSCULTURAL OUTCOME STUDY OF ADOLESCENT EATING DISORDERS**

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**Objective:** The treatment and outcome of adolescent eating disorders in an international project including West and East European clinical and research centers.

**Methods:** A total of 138 patients with adolescent onset of an eating disorder (primarily anorexia nervosa) was followed up after a mean interval of 5 years after first admission. All patients were directly interviewed by experts who had been involved in the treatment of these patients over many years. The total amount and type of treatment was systematically recorded for the entire follow-up period.

**Results:** On the average, the patients had spent 25% of the total follow-up period in either inpatient or outpatient treatment. One half required a second and a quarter a third hospitalization for the eating disorder. At follow-up, 68% of the total sample did not have an eating disorder. The prediction of outcome revealed different patterns of risk variables depending on the type of the criterion.

**Conclusions:** The outcome of adolescent eating disorders is relatively similar across cultures and better than in patients with later onset of the disorder. It is impossible to predict the individual course.

**SYMPOSIUM****SY30****BIOLOGICAL ASPECTS OF DEPRESSION****325 - 329****BIOLOGICAL ASPECTS OF DEPRESSION**

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Depression is a disorder with great clinical relevance in the field of child and adolescent psychiatry. Research in recent years has underlined the importance of biological factors associated with the disorder, and is likely to improve our understanding of the biological mechanisms involved in depression. This symposium will address issues such as salivary cortisol in depression, postpubertal sex differences in salivary cortisol and emotionality, and the Youth Self Report and the Depression Self Rating Scale, and offer the opportunity to discuss research results on these important topics as well as other new developments in the field.

**IMPACT OF NEGATIVE MOOD AND COGNITIONS, AND HYPERSECRETION OF THE ADRENAL STEROIDS, CORTISOL AND DHEA ON THE ONSET OF MAJOR DEPRESSION 326**

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**Objective:** To investigate the impact of negative mood and cognitions, and hypersecretion of the adrenal steroids, cortisol and dehydroepiandrosterone (DHEA), on the onset of major depression in adolescents at high environmental risk for psychopathology.

**Methods:** Adolescents (n=1451), aged 12 to 16 years, from three secondary schools in Cambridge were screened for the presence of five types of environmental risks. Two subgroups at high (two or more) (n=181) and low (one or less) (n=56) risk, and currently well, gave salivary samples for hormone estimations, completed self reports on current mood and cognitive style and were interviewed for psychiatric disorder at entry and again at 12 months.

**Results:** At entry greater levels of negative mood and ruminative cognitive style were associated with being at high risk. By contrast neither hormone was associated with risk status or self reports of current mood and cognitive style. First episode onsets of major depression were confined almost exclusively to the high risk group but not associated with a particular combination or pattern of risk at entry. In high risk subjects, both greater levels of negative mood and feelings, cortisol reactivity and DHEA hypersecretion at entry, were associated with the subsequent onset of major depression.

**Conclusion:** Both dysfunctional affective-cognitive processes and perturbations in adrenal steroid function contribute to the onset of first episode of major depression in adolescents. Variation in levels of hormones may arise from more distal origins than recent life events and current ongoing difficulties.

**325****POSTPUBERTAL SEX DIFFERENCES IN SALIVARY CORTISOL AND EMOTIONALITY**

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**Objective:** To investigate sex differences in psychological and endocrine factors that may contribute to the increased incidence of major depression in postpubertal girls.

**Methods:** A sample of 72 children (28 boys, 44 girls, no current psychopathology), aged between 8 and 16, were interviewed and assessed for the following:

1. Temperament was measured using the EAS Temperament Scale (emotionality, activity, sociability and shyness).
2. Affective state was measured with a self-report questionnaire (current mood and anxiety).
3. Pubertal stage was assessed using Tanner Stage sketches. Subjects above Tanner Stage 2 were defined as postpubertal.
4. Salivary cortisol levels were measured by ELISA. Samples were collected on 4 consecutive days at 8am and 8pm, within 7 days of assessment. Additional cortisol data comes from a separate sample of 40 children (17 boys, 23 girls), aged between 8 and 16 years. Procedures for assessment of pubertal stage and cortisol measurement were identical to those followed with the previous sample.

**Results:** Morning salivary cortisol in postpubescent girls is greater (about 40%) than in boys ( $p < 0.01$ ). There are no differences in cortisol between prepubescent girls and boys. Emotionality is also higher in postpubescent girls than boys ( $p < 0.05$ ). Anxiety is higher in all girls than boys ( $p < 0.05$ ).

**Discussion:** Elevated cortisol levels have been implicated in impaired mental function and alterations of mood. Hypersecretion of cortisol is a consistently demonstrated biological marker of major depression. This novel finding of increased cortisol levels in normal subjects at puberty in girls may contribute to the heightened emotionality and greater incidence of depression observed in postpubertal girls.

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**SALIVARY CORTISOL LEVELS IN DEPRESSIVE ADOLESCENTS: A REPLICATION STUDY 328**

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**Objective:** To investigate differences in salivary cortisol levels of depressive and non-depressive adolescents.

**Method:** Referring to the original study of Goodyer et al. (1996), 49 adolescents between the age of 15 and 18 (29 girls, 20 boys) were investigated in order to determine the relationship between the presence of a depression disorder and changes in cortisol levels in saliva. Twenty-three psychiatric adolescent in-patients were divided in a depressive and a non-depressive group according to results of the DIKJ, HAMD, MADR and K-DIPS test. For a non-depressive non-psychiatric control group 26 pupils (13 girls, 13 boys) were recruited. The saliva samples were collected on 2 consecutive days at 8 am, 12 am, 6 pm and 10 pm. The cortisol levels were measured by RIA.

**Results:** In this sample, no significant differences in cortisol levels between the three groups were found. These results are in contradictory to those found by Goodyer et al., in which an evening cortisol hypersecretion was significantly associated with the presence of a depression disorder. Post-hoc-analyses revealed variations in the cortisol levels of all examined adolescents, independent of day and time. These variations raise doubts about the reliability of cortisol measurement by salivary samples.

**SYMPOSIUM****SY31****NEUROBIOLOGICAL AND NEUROPSYCHOLOGICAL STUDIES IN DYSLEXIA****330 - 335****329****PROPERTIES OF THE YOUTH SELF REPORT (YSR) AND THE DEPRESSION SELF RATING SCALE (DSRS)**

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237 adolescents from junior highschool in a small community outside Gothenburg were asked to rate their psychological symptoms on the YSR and on the DSRS. Data on suicidality and biographical data were assembled. The concurrent validity of the YSR subscale anxiety/depression was tested against the DSRS. Also the two scales discriminant validity was assessed through the scales ability to predict suicide ideators and attempts.

The YSR internalising ( $r=0.65^{**}$ ) and anxious/depressed ( $r=0.61^{**}$ ) subscales had the highest correlation with the DSRS. However, all subscales had significant although more modest correlations ranging from  $r=0.25^{**}$  for thought disorder to  $r=0.53^{**}$  for self-destructive/identity problems. The YSR anxious/depressed scale ( $B=0.22$ ,  $SE=0.05$ ,  $p<0.001$ ) was superior to the DSRS in predicting suicide ideation. The only predictor of suicide attempt retained was YSR selfdestructive/identityproblem scale ( $B=0.43$ ,  $SE=0.13$ ,  $p<0.001$ ).

In conclusion the YSR anxious/depressed subscale and the DSRS seem to measure a similar dimension. However, the YSR anxious/depressed and selfdestructive/identityproblem subscales seems to be superior in discriminating suicidal adolescents.

**330****NEUROBIOLOGICAL AND NEUROPSYCHOLOGICAL STUDIES IN DYSLEXIA**

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Dyslexia is a diagnosis of considerable interest to child and adolescent psychiatrists. Countless studies have been undertaken to improve our understanding of the nature and cause of this disorder. In the past few years, the neurobiological and neuropsychological aspects of dyslexia have been the main focus of research. This symposium will address the phonological impairment of children with dyslexia, the importance of phonological awareness for learning to read and spell, genetics of reading and spelling disorder, visual-spatial attention in children with dyslexia, and MRI findings. Thus, a variety of neurobiological and neuropsychological issues relevant to dyslexia will be discussed.

**PHONOLOGIC IMPAIRMENTS IN DYSLEXIC CHILDREN – 331  
A FMRI-STUDY**

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**Objective:** Impaired phonologic awareness represents a key deficit in developmental dyslexia. As to functional brain imaging research has up to now exclusively focussed on adult dyslexics. To find the location and extent of the functional disruption in neural systems that underlies this impairment functional magnetic resonance imaging was used to compare brain activation patterns in dyslexic and normal reading children as they performed tasks that made different demands on phonologic analysis.

**Methods:** 17 right handed dyslexic boys (mean age 13.1 yrs) were compared with 17 normal reading children, matched for age, gender, intelligence, and handedness. Scans were acquired while perception of letter strings (control condition), nonwords, words, and phonologic transformation task.

**Results:** Compared to controls silent word reading led in dyslexic children to an enhanced activation in extrastriate regions. Tasks demanding more phonologic analysis (perception of nonwords and phonological transformation) led to activations in language related areas, particularly in the inferior frontal gyrus (Broca's area) and thalamic regions, only in controls.

**Conclusions:** These results support a conclusion that the impairment in dyslexia is phonologic in nature already existing in dyslexic children: there seems to be less functional convergence in language related brain areas, particularly in areas processing grapheme phonem conversion.

**THE IMPORTANCE OF PHONOLOGICAL AWARENESS  
FOR LEARNING TO READ AND TO SPELL IN A  
REGULAR ORTHOGRAPHY**

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The importance of phonological awareness as a precondition for learning to read and to spell has been demonstrated for the German language rather inconsistently. It seems that the prediction of later reading and spelling difficulties by preschool tests of phonological awareness is poorer than in English, a language with less regular grapheme-phoneme-correspondences. It is possible that the prediction depends not only on the regularity and therefore the opacity of an orthography, but also on the approach in the reading instruction in the first grade. Therefore the reading and spelling development of 18 classes with a code-emphasis approach and of 3 classes with a whole-word approach and the prediction by a screening test with phonological awareness subtests was compared.

**Results:** It could be shown that the reading and spelling development was to a large extent dependent on the reading instruction approach. In a whole-word approach with late introduction of phoneme-grapheme-correspondences the children learned later to read and spell new words and were more dependent on their preexisting phonological awareness than in classes with a code-emphasis approach. There the explicit introduction of phoneme-grapheme correspondences seems to have been a rather strong incentive to grasp the segmentation of language. Never the less not all children are able to use this additional help.

**GENETICS OF READING AND SPELLING DISORDER 333**

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Reading and spelling disorder is a specific disability in learning to read and spell in spite of adequate educational resources, a normal IQ, no obvious sensory deficits and adequate sociocultural opportunity. Reading and spelling disorder occurs in all languages and especially spelling disability often persists into adulthood. Prevalence estimates range from 4 to 9 %.

Dyslexia aggregates in families, the sibling recurrence is high (ranging from 27% to 62%) and consistent across studies. The results of segregation analyses were consistent with a major locus transmission.

Further support for a genetic aetiology for reading and spelling disorder came from twin studies. Estimates of heritability for word reading range between 40% and 60%, for spelling between 48% and 69%. The heritability of language-related functions in dyslexics are high as well.

Linkage studies revealed evidence for relevant loci for reading and spelling disorder on chromosome 1, 6, and 15. Recently, Grigorenko et al. (1997) found linkage of two distinct reading-related subtypes of reading disability to chromosome 6 (phonological awareness subtype) and to chromosome 15 (word-reading subtype).

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**VISUAL-SPATIAL ATTENTION IN CHILDREN WITH  
DYSLEXIA**

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Medical Psychology, University of Bergen, Bergen, Norway

**Objective:** Population studies have shown comorbidity for dyslexia and attention deficits. Since reading depends on the processing of visual information, we investigated the ability to shift visual-spatial attention in dyslexic children.

**Methods:** A cue-target reaction time (RT) test, was given to a population based sample of 20 right-handed dyslexic boys and 20 matched controls. An analysis of variance was performed with the factors Group, Cue (Valid, NoCue, Invalid); Visual Field (Left, Right) and Delay (100 ms, 800 ms).

**Results:** There was a significant main effect of Group, caused by increased RTs in the dyslexia group. Both groups showed main effects of Delay and Cue, and a significant interaction between Delay and Cue. There was no main effect of Visual Field.

**Discussion:** The dyslexia group showed no specific deficits in shift of attention, but increased mean RTs compared to controls. This finding may be caused by inhibition of processing of rapid sensory input, or a general slowness of motor output. Other explanations may be deficits in vigilance or in alertness.

**Reference:** Posner M.I., Early T.S., Reiman E.M., et al. (1988): Asymmetries in hemispheric control of attention in schizophrenia. *Arch Gen Psychiatr* 45: 814-821.

**The Corpus Callosum in Children with Dyslexia - an MRI study 335**K. von Plessen<sup>1</sup>, E. Heiervang<sup>1</sup>, A. Lundervold<sup>2</sup>, K. Hugdahl<sup>3</sup><sup>1</sup>Department of Child and Adolescent Psychiatry, Haukeland University Hospital, <sup>2</sup>Department of Physiology, <sup>3</sup>Department of Biological and Medical Biology, University of Bergen, Norway.

**Objective:** The following study seeks to document possible differences in callosal area and shape between children with developmental dyslexia and matched controls. Based on previous studies, we predict that corpus callosum areas will differ between dyslexics and controls.

**Method:** Twenty carefully screened right-handed boys with developmental dyslexia were compared to twenty right-handed controls. The children were selected from a general population sample (mean age 11 years). Prior to magnetic resonance imaging (MRI) a battery of neuropsychological tests was administered (dichotic listening, auditory temporal processing, visuo-spatial attention).

1. The midsagittal slice was determined and used to measure the total callosal area and subregions. Corpus callosum perimeter was traced manually and callosal areas compared between the groups.
2. Morphometric data were correlated with the neuropsychological data.

**Results:** The dyslexia group showed a normal lateralization on the dichotic listening test, but was impaired on visuo-spatial attention and rapid temporal processing of tones. The MRI data of the callosal areas will be compared between the dyslexic and control children.

**Discussion:** We observed deficits in visual attention and temporal processing in our dyslexic group, which may be related to neuroanatomical differences in the corpus callosum.

**SYMPOSIUM**

SY32

**DEVELOPMENTAL LANGUAGE DISORDERS**

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**DEVELOPMENTAL LANGUAGE DISORDERS**

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Children with specific language impairments have been recognized as a major clinical problem and as an attraction to research. This symposium ventures to demonstrate topics of heightened interest by focussing upon the areas of psychopathology, pathogenetic understanding and test construction.

Evidence is presented for a frequent comorbidity with the Attention Deficit Hyperactivity Disorder and for interaction of both language and attentional problems. Disturbances of motor control have been subject of other studies. It could be shown that problems of motor control appear to be operant apart from linguistic problems, affecting articulation and intonation.

Tests of auditory perception and processing have been subjected to reliability studies, demonstrating methodological aspects and problems.

## THE DIAGNOSIS OF ATTENTIONAL PROBLEMS IN LANGUAGE IMPAIRED CHILDREN

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**Objective:** Children with a specific developmental speech and language disorder often show attentional deficits. The objective of this study is to evaluate the usefulness of behavioral data (questionnaire) versus neuropsychological data (computerized diagnostic) in the assessment of the attentional performance in these children.

**Method:** 52 children with the ICD-10 diagnosis Specific Language Disorder and 52 IQ-, sex- and age-matched normal children are examined with the computerized test battery TAP (Testbatterie zur Aufmerksamkeitsprüfung) and a parent questionnaire (CBCL) recording inattentive behavior in children.

**Results:** Both methods show that the language impaired children have more attentional problems than the control children. Based on a cluster analysis of the neuropsychological data, four distinct groups with typical attentional profiles are identified within the language impaired children. Only one of these groups also shows attentional problems on the behavioral level.

**Conclusions:** Language impaired children show significantly more attentional problems than control children. The limited overlap between the behavioral data and the neuropsychological data clearly strengthens the necessity of a multimodal approach in the diagnosis of neurocognitive problems in high-risk children.

## 337 INTONATION OF CHILDREN WITH SPECIFIC LANGUAGE IMPAIRMENT

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**Objective:** The development of functional aspects of language can be assessed using wordless picture books to elicit stories. Focusing on nonverbal expressive devices accompanying the text production, Reilly (1992) had found that young children used intonational and gestural means extensively, presumably compensating for their lack of appropriate verbal devices. We expected that children with specific language impairment (SLI) should present a similar compensatory strategy because of their prolonged lack of verbal expressive devices.

**Method:** 15 normally developing children and 15 children with SLI were given a wordless picture book and told the story to an examiner in a playful context. Their performances were audiotaped. Text transcripts of the productions were related to a tracking of the children's pitch on a syllable-by-syllable basis.

**Results:** Acoustic measurements revealed that the SLI children's range of pitch was restricted. This was contrary to expectations.

**Conclusions:** We assume that many SLI children have problems in motor control not only of supralaryngeal articulators but also of the larynx which lead to difficulties in the use of intonation.

### Reference

Reilly J. S. (1992): How to tell a good story: The intersection of language and affect in children's narratives. *Journal of Narrative and Life History*, 2:355-377.

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## SPEECH MOTOR CONTROL IN CHILDREN WITH SPECIFIC OR PERVASIVE DEVELOPMENTAL DISORDERS

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**Introduction:** Children with specific developmental disorders but also some of the children with pervasive developmental disorders are not age appropriate in the production of speech sounds. In children with specific developmental disorders this is often considered to be a linguistic deficit while others consider deficits in fine motor control to be the main cause. The purpose of the study is to describe similarities and differences between the two groups in terms of motor control of the speech movements.

**Method:** Four groups of 8 children each (autistic 84.0, receptive disorder 80.2, expressive disorder 80.1, control group), matched for age and IQ will be compared on measures of timing and spectral energy distribution in simple syllable repetitions. Acoustic analysis of the speech signal will be used.

**Results:** Children with specific developmental disorders of speech and language show more variability in timing and other parameters of the speech signal that are related to motor control than the control group. In the autistic group only some of the children show this increased variability.

**Conclusion:** Children with expressive and receptive language disorder and some of the autistic children have additional disorders in the fine motor control of speech movements independent of their linguistic deficits. These have to be considered in treatment.

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## RELIABILITY OF AUDITORY TEMPORAL-ORDER THRESHOLD

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**Objektive:** In recent years it has been supposed that dyslexia and language impairment may be a consequence of a temporal processing deficit. Several methods for assessment of the components of temporal processing, such as judgement of stimulus individuation, temporal order or sequence discrimination, were published. However, their reliability has not been sufficiently proven.

**Methods:** We determined the auditory temporal-order threshold in 40 normal children at the age of 6 to 11 years. A second examination was performed 4 weeks later. The children were requested to detect the temporal order of two acoustic stimuli with gradually changed interstimulus intervals (clicks - one to each ear via headphones).

**Results:** The threshold increased with age. The retest-reliability was significant, but only low to moderate. The highest reliability was found for the „right first“ stimulus-presentation.

**Conclusions:** The results suggest, that the estimation of the auditory temporal-order threshold could be a useful tool for the investigation of the aetiopathogenesis of specific developmental disorders in a sample of disturbed children. But its reliability does not reach adequate levels of significance in individuals.

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**INTERCORRELATION OF CENTRAL AUDITORY  
PROCESSING TESTS****341**

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**Objective:** Developmental language and specific learning disabilities as well as conduct disorders and multiple complex developmental disorders are supposed to be caused by central auditory processing impairment. The purpose of the present study is to evaluate the construct validity of central auditory processing.

**Methods:** We investigated the auditory perception in 123 normal children at the age of 5 to 11 years. The discrimination of sounds of different frequency, duration or rhythm, the phoneme and language discrimination, the auditory temporal-order threshold, the auditory short-term memory and the auditory attention were evaluated.

**Results:** Intercorrelation of subtests of the same level of auditory complexity was moderate (for example discrimination of sounds) but only low between tests of different levels (for example between verbal and non-verbal dimensions). On the other hand the correlation between all subtests was significant as well as the correlation to the age.

**Conclusions:** The results suggest that central auditory processing is not a homogenous construct. It consists of several dimensions. Therefore a complex test battery is necessary for assessment of auditory perception.

**SYMPOSIUM****SY33**

**PEDAGOGICS AND PSYCHOANALYTIC  
PSYCHOTHERAPY IN INPATIENT TREATMENT  
OF CHILDREN AND ADOLESCENTS**

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**PEDAGOGICS AND PSYCHOANALYTIC PSYCHO-  
THERAPY IN INPATIENT TREATMENT OF CHILDREN  
AND ADOLESCENTS**

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One requisite for inpatient psychotherapy of adolescents in an accurate psychodynamic diagnosis according to the developmental level, especially to the ego structural conditions. To understand severely disturbed adolescents it is necessary to be especially aware of their non-verbal enactments and to take over a special therapeutic and pedagogic attitude. The disturbed adolescent patient must become conscious of his enacted meaning in everyday behavior, for example in interactions with his teachers, before they can be worked through in psychoanalytic therapy. The link between pedagogics and psychoanalytic psychotherapy will be demonstrated in different facets.

**TRANSFORMATIONS OF PSYCHOANALYTIC FINDINGS IN PEDAGOGIC ACTIONS 343***D. Birgin**Department of Child and Adolescents Psychiatry and Psychotherapy, University Basel*

The inpatient treatment of adolescents is preceded not only by a careful diagnostic process concerning the intrapsychic structure of the patient but also by an evaluation of the specificity of his interactions with meaningful persons of his environment. The pedagogic experiences stemming from real everyday contacts with the patient contribute considerably to the diagnosis. The transformation of the gained psychodynamic findings in an adequate pedagogic attitude necessitates an undisturbed interdisciplinary dialogue and great carefulness. The practicability and efficiency of the respective actions is based on a constant evaluation of the basic hypotheses and of the ways by which they have been transformed. Such information and communication is worked upon in endless loop processes. The building, verification or falsification of these hypotheses by the whole interdisciplinary treatment team represents a central element of the inpatient treatment of adolescents.

**INPATIENT TREATMENT OF ADOLESCENTS WITH SELF- AND OTHERDESTRUCTIVE BEHAVIOR 345***A. Streeck-Fischer**Department of Clinical Psychotherapy for Children and Adolescents Tiefenbrunn Hospital in Niedersachsen, Germany*

Adolescents who show destructive behaviour against themselves or others are a high challenge for inpatient psychotherapy. Steps from acting out to working through in different fields of inpatient psychotherapy are described. Male and female adolescents chose different places of destructive enactments and different forms of malign entanglements and violate different borders. Pedagogic and psychotherapeutic work along the therapeutic frame and the relationship in residential treatment will be discussed.

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**The Therapeutic Space as a Representational Mean of the Psychic Apparatus: System of Care and Psychic Economy***Philippe Jeammet**Institute Mutualiste Montsouris, Paris  
France*

The entire instrumentation of care (from individual psychotherapy to the full time inpatient care and all modalities of part time out patient care) can be understood as the elaboration of a therapeutic space, analogous to the elaboration of the mental space by the psychic apparatus. The objective of care, beyond the diminution of symptoms, is the restoration of the functional capacity of the psychic apparatus.

Therefore, the care is based on the perceptive reality of the caring system in order to support the failing mental function. This external reality not only plays the role of an 'auxiliary Ego', but it is the entire mental function, which can be represented and activated by the therapeutic setting: the psychic agencies (Ego, Superego, Ego Ideal), the internal Imagos, but also the mental representations. This identential work allows a differentiation of the representations, that is to say this work facilitates the process of the differentiation and restoration of a third party.

Internal world and external world are thus organized in a dialectic relationship, one ruled by the hallucinatory satisfaction of desire, the other by resorting to the motor, perceptive world, used simultaneously as anticathexis of the internal relationship and its mean of representation.

This view of the psychotherapeutic perspective, that is to say the functional restoration of the psychic apparatus, constitutes the ultimate goal of care, regardless of the therapeutic modalities employed.

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**THE LIMITS OF PSYCHOANALYTIC PSYCHOTHERAPY IN ANOREXIA NERVOSA***H. Lazaratou, D. Anagnostopoulos**Child and Adolescent Unit, Community Mental Health Center Byron - Kessariani, Department of Psychiatry, University of Athens, Greece*

**Objective :** Various psychotherapeutic approaches have been used in treatment of anorexic adolescents. This study examines the usefulness and the restrictions of treating anorexia nervosa by psychoanalytic psychotherapy.

**Methods :** By means of the study of a clinical case that we follow for the period of 2 years in both in-patient and out-patient setting, we point out the psychoanalytical approach in the treatment of anorexia nervosa. The core problem of this treatment was the establishment of therapeutic relationship. A lack of insight and of self observation as well as poor verbal expression of feelings and emotion together with limited imaginary life led us to change the typical psychoanalytic therapeutic approach.

**Conclusions :** The use of psychoanalytic psychotherapy as a treatment of anorexia nervosa poses questions on both theoretical – metapsychological and practical level. To reach the desired result several approaches may be required, that at the outset may appear to be of a behavioristic type. However by using them in a psychodynamic perspective we may enable these adolescents to acquire the necessary internal capacity of psychic elaboration.

**ADOLESCENT ADMISSIONS TO A GENERAL HOSPITAL  
PSYCHIATRIC WARD****347****SYMPOSIUM****SY34****TOURETTE SYNDROME****348 - 352***N. Zilakis, G. Abatzoglou**Child and Adolescent Unit, 3<sup>rd</sup> Psychiatric Department, Aristotle University of Thessaloniki, AHEPA General Hospital, 54636 Thessaloniki, Greece.*

**Objective:** To study the patterns of utilisation of a sub-unit for adolescents created in an adult in-patient psychiatric ward of a general hospital (GH).

**Method:** As there was no previous experience of such a unit in Greece, a systematic recording of all data regarding the admissions to this sub-unit was done from the beginning. After eight years of functioning, we study the utilisation of this facility in regard to the modalities of hospitalisation and patient characteristics. We also discuss the mixed character (adolescent-adult) of the service as to its advantages and disadvantages.

**Results:** We study a total of 251 admissions over this 8-year period (44.6% males and 55.4% females). 165 (65.7%) were first admissions and the rest 86 (34.3%) re-hospitalisations. The patients age range was 13-21 (mean 16.8 years). Most of the first admissions were referrals from the emergency ward. Mean duration of hospitalisation was 27.5 days. Diagnoses by order of frequency were: psychotic disorders, personality disorders, neurotic disorders, depression, conduct disorders, attempted suicide, followed by a wide range of other conditions seen in adolescent and post-adolescent patients. Considering the nature of the patients' psychopathology, the number of dropouts and cases which necessitated transfer to a psychiatric hospital was very small.

**Conclusions:** Our experience shows that the GH is a very favorable setting for an in-patient facility such as the one presented here. It ensures a comprehensive approach and care for a wide range of indications. Hospitalisations are easily accepted by both adolescents and parents, while avoiding admissions to psychiatric hospitals constitutes a major advantage. Finally, the role of such units is essential for training as well as for research purposes.

**348****TOURETTE SYNDROME***A. Rothenberger<sup>1</sup>, J.K. Buitelaar<sup>2</sup>**<sup>1</sup> Child and Adolescent Psychiatry, University of Göttingen, Germany, <sup>2</sup> Child Psychiatry, University of Utrecht, Netherlands*

**Objective:** Tourette's Syndrome is a neuropsychiatric disorder with fluctuating motor and vocal tics. Within the last years new methods and approaches could be used to further clarify the neurobiological background of the disorder. Therefore, the Symposium will present several aspects of this research.

**Method and Results:** Literature review as well as recent and ongoing research of the authors (Psychopathology, Neuropsychology, Neurophysiology, Neurochemistry) will be the basis of reporting on the actual development of the field.

**Conclusion:** There is an advance in understanding the pathophysiological background of TS itself and its association with ADHD. This has some new impact for assessment and treatment.

**A NEUROPHYSIOLOGICAL MODEL OF TOURETTE'S SYNDROME**

G. Moll, A. Rothenberger,  
Child and Adolescent Psychiatry, University of Göttingen, Germany

**Objective:** In Tourette's Syndrome (TS) there seems to exist a functional deficit of the sensorimotor cortico-striato-thalamico-cortical (CSTC) circuit. Nevertheless, it is not yet clear how inhibitory mechanisms at different levels of the circuit as well as the interaction with general arousal phenomena are involved.

**Method:** To clarify this issue, we used a neurophysiological approach with event-related potentials, transcranial magnetic stimulation and polysomnography in TS patients and healthy controls.

**Results:** TS subjects showed good resources of frontal lobe electrical brain activity but decreased inhibitory mechanisms at the level of motor cortex and basal ganglia. Further, they presented with increased arousal and tics during sleep.

**Conclusion:** On the one hand, sensorimotor CSTC in TS lacks automatic selfregulation, which seems to be further disturbed by increased general arousal. On the other hand, TS patients may develop good voluntary compensatory mechanisms by frontal lobe activation to suppress their tics.

**349****IMMUNOLOGIC ASPECTS OF CHILDHOOD-ONSET TIC DISORDERS**

P.J. Hoekstra, P.C. Limburg, I.P. Kema, P.W. Troost, R.B. Minderaa  
University Centre Child- and Adolescence Psychiatry Groningen and Academic Hospital Groningen, The Netherlands.

**Objective:** Previous research findings indicate autoimmunity may be involved in the pathogenesis of childhood onset tic disorders. (Hallett, Kiessling, 1997; Murphy, *et al.* 1997). We will examine the role of autoimmunity in an unselected group of children with tic disorders with and without comorbidity.

**Method:** For this purpose we

- 1) review research findings supporting autoimmunity
- 2) assess binding of mAb D8/17 to B lymphocytes in patients as well as healthy controls
- 3) measure blood concentrations of Serotonin, L-Tryptophan, and Kynurenine pathway metabolites in patients as well as healthy controls
- 4) assess the presence of antineuronal antibodies in patients as well as healthy controls

**Results:** First preliminary results do not show an increased B cell binding of D8/17. Blood Serotonin concentrations appear to be lower in patients, however. Other results will be available upon presentation.

**Conclusion:** Our knowledge of the role of autoimmunity in tic disorders is still scarce. We were not able to replicate earlier findings of increased D8/17 positivity. Clearly more data are needed.

**350****FRONTAL LOBE FUNCTIONING AND TOURETTE'S SYNDROME**

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Dept. of Child Psychiatry, P.O. Box 85500, 3508 GA Utrecht, Netherlands.

**Background:** About 50% of the cases with Tourette Syndrome (TS) have comorbid ADHD, whereas 10-30% of all children with ADHD present with (transient) tics. ADHD is associated with deficits in executive functioning, but data on executive functioning in TS are scarce and findings are equivocal. **Aims:** To examine executive functions in subjects with TS, ADHD and TS+ADHD, and to explore the nature of ADHD symptoms associated with TS.

**Method:** Executive functioning and attentional performance were measured in subjects with TS, ADHD and TS+ADHD. Psychopathology at home and in school was measured by means of the CBCL and TRF.

**Results:** Subjects with TS and with TS+ADHD were superior to subjects with ADHD in executive functioning. In addition, the typical cross-situational pattern of ADHD symptoms (greater severity in school than at home) in pure ADHD was found to differ from the pattern observed in TS and in TS+ADHD (less severity in school than at home).

**Conclusion:** Executive functioning is relatively intact in TS. Restlessness and impulsivity in subjects with TS seems to be erroneously diagnosed as ADHD instead of as the result of (failed) coping with severe tics.

**352****COMORBIDITY OF ADHD AND TOURETTE'S SYNDROME**

T. Banaschewski, A. Rothenberger,  
Child and Adolescent Psychiatry, University of Göttingen, Germany

**Objective:** To give an overview concerning the relationship between tic-disorder (Tic) and Attention-Deficit-Hyperactivity Disorder (ADHD) at different levels of investigation.

**Methods:** Groups with ADHD-only, Tic-only, Tic + ADHD and Healthy-Controls will be compared by psychopathological profile, neuropsychological task performance, psychophysiological protocols and brain imaging methods.

**Results:** The values of most parameters in Tic-only children seem to be closer to those of Healthy-Controls than to those of ADHD-only children. The coexistence of tics and hyperactivity does not necessarily represent the most severely disturbed group of children but problem behavior in Tic + ADHD is closely related to the ADHD component. There seems to be no simple additive effect at either level of investigation. Nevertheless, in Tic + ADHD frontal lobe resources seem to be widely preserved, while this is not the case for ADHD-only children.

**Conclusion:** ADHD + Tic seems not to be a separate entity but merely a subgroup of Tic than ADHD.

**SYMPOSIUM****SY35****PSYCHOIMMUNOLOGY AND  
ENDOCRINOLOGY IN ADOLESCENTS****353 - 358****PSYCHOIMMUNOLOGY AND ENDOCRINOLOGY IN ADOLESCENTS***Resch, F.**Department of Child and Adolescent Psychiatry, University of Heidelberg, Heidelberg, Germany*

For many years, both psychoimmunology and endocrinology have been focus of a considerable amount of research in psychiatry. This interesting field has been found to have particular clinical relevance regarding many psychiatric disorders in childhood and adolescence. In this symposium the focus is on psychoimmunologic and endocrinologic aspects of a number of different disorders such as schizophrenia, autism, depression, anorexia nervosa and atopy. All of these seem to be in some way connected with immunologic and endocrinologic findings. The symposium will provide the opportunity to hear the results of recent research in these fields and discuss the findings.

**Estrogen Replacement Therapy in Young Schizophrenic Women - A Placebo-Controlled, Double-Blind Study 354***Bergemann N<sup>1</sup>, Pakrasi M<sup>1</sup>, Haisch S<sup>1</sup>, Parzer P<sup>2</sup>, Mundt Ch<sup>1</sup>, Resch F<sup>2</sup>**University Hospital, Department of Psychiatry<sup>1</sup> and Child and Adolescent Psychiatry<sup>2</sup>, University of Heidelberg, Germany*

A substantial amount of literature provides evidence for the „estrogen hypothesis“ in schizophrenia. It is hypothesized that estrogen has a protective effect and enhances the vulnerability threshold for schizophrenia. Furthermore, there is evidence that schizophrenic women suffer from a general estrogen deficit throughout the menstrual cycle („hypoestrogenism“).

An 8 months` multicenter, placebo-controlled, double-blind cross-over study with a daily dose of 1-2 and/or 1-4 mg 17 $\beta$ -estradiol (Trisequens®) as estrogen replacement and adjunct therapy to neuroleptic relapse prevention in young schizophrenic women is presented.

A group of young women (n=14; age 18-23 yrs.) is compared with an elder age group (n=26; age 24-46). Women still menstruating, amenorrhoeic and postmenopausal were included. All patients had been evaluated before inclusion to have estrogen serum levels lower than the norm throughout the menstruation cycle. Serum estrogen levels were assessed at day 10-12 of every menstruation cycle; three times throughout the cycle, ratings of the psychopathology were taken. The results of the study can answer some questions of the role estrogen might play in relapse-preventing therapy of schizophrenia in young women.

**353****ENDOCRINE AND IMMUNE RESPONSES TO STRESS IN YOUNG and ADULT ATOPIC PATIENTS***A. Buske-Kirschbaum, A. Geiben, S. Jobst & D. H. Hellhammer  
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There is growing evidence suggesting that psychosocial stress may influence the onset and course of atopic dermatitis (AD). Although the relevance of stress in the pathology of AD is widely accepted, the underlying biological mechanisms of stress-related exacerbation of AD symptoms are not clear. The specific goal of two studies was to investigate whether psychosocial stress may be associated with atopy-relevant alterations of endocrine and immune responses.

In a first study, children with atopic dermatitis (n=15; aged 8-14 years) and age and sex matched healthy controls (n=15) were exposed to the "Trier Social Stress Test for Children" (TSST-C) which mainly consists of a free speech and mental arithmetic tasks in front of an audience. Salivary cortisol was measured in ten minutes intervals while heart rate was monitored continuously. Results showed that the TSST-C induced significant increases in cortisol and heart rate.

However, AD children showed a significantly blunted cortisol response to the stressor compared to the control group. These data suggest an altered reactivity of the hypothalamus-pituitary-adrenal (HPA) axis to stress in AD patients.

Regarding the relevance of the HPA axis in immunoregulation it can be speculated that a reduced responsiveness of the HPA axis may be associated with an increased vulnerability to (ongoing) inflammatory processes. Thus, a second study was conducted to examine whether a hyporeactive HPA axis under stress may be associated with atopy-relevant immunological alterations.

Adult AD patients (n=36) and non-atopic sex and age matched controls (n=37) were exposed to the TSST. In order to determine endocrine (cortisol, ACTH,  $\beta$ -endorphin, catecholamines) and immune (IgE, ECP, IL-4, IL-5, IFN- $\gamma$ , leukocyte subpopulations) parameters, blood and saliva samples were collected 10 minutes before and 1, 10, 20, 30 and 60 minutes after the TSST as well as one day after the experiment at identical time points. Analyses of the data indicated that again, AD patients showed significantly attenuated cortisol concentrations in response to the stressor. Further, exposure to the TSST resulted in elevated number of eosinophils 10 minutes after the stressor while IgE concentrations were found to be increased 24 hours after the stress. No alterations of IgE concentrations or eosinophil counts could be observed in the control group.

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### Serotonergic and noradrenergic markers in a study group of 356 13 male autistic patients and 13 male, age-matched volunteers.

*Jan Croonenberghs, Laure Delmeire, Robert Verkerk, Ai-hua Lin, M.D., Anisa Mescal, Hugo Neels, Marc Van der Planken, M.D., Simon Scharpe, Dirk Deboutte, Michael Maes,*

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**Objective:** Some studies have suggested that disorders in the peripheral and central metabolism of serotonin (5-HT) and noradrenaline may play a role in the pathophysiology of autistic disorder. This study examines serotonergic and noradrenergic markers.

**Method:** A study group of 13 male autistic patients (age 12-18 y.; I.Q. > 55) and 13 male, age-matched volunteers.

**Results:** [3H]-paroxetine binding K<sub>d</sub> values were significantly higher in patients with Autism than in healthy volunteers. The serum concentrations of tryptophan, the precursor of 5-HT, were significantly lower in Autistic patients than in healthy volunteers. There were no significant differences between autistic and normal children in the serum concentrations of 5-HT, or the 24 hr urinary excretion of 5-hydroxy-indoleacetic acid (5-HIAA), adrenaline, noradrenaline and dopamine. There were no significant differences in [3H]-rauwolscine binding B<sub>max</sub> or K<sub>d</sub> values or in the serum concentrations of tyrosine, the precursor of noradrenaline, between both study groups. There were highly significant positive correlations between age and 24 hr urinary excretion of 5-HIAA and serum tryptophan.

**In conclusion:** the results show that Autism in a population of male youngsters is accompanied by a lowered affinity of the paroxetine binding sites and a lowered availability of serum tryptophan to the brain. The results suggest that: 1) serotonergic mechanisms, such as defects in the 5-HT transporter system and the availability of serum tryptophan to the brain, may play a role in the pathophysiology of Autism; 2) there is no evidence that alterations in the peripheral turnover of the noradrenergic system play a role in the pathophysiology of Autism; and 3) the human serotonergic system undergoes significant changes from childhood to adolescence.

### 5-HT-INDUCED MOBILIZATION OF CALCIUM IN PLATELETS 358 IN ANOREXIA NERVOSA

*L. Wöckel<sup>1</sup>, S. Koch<sup>2</sup>, A.-E. Meyer<sup>1</sup>, Ch. Göpel<sup>1</sup>, M. H. Schmidt<sup>1</sup>, Departments of <sup>1</sup>Child and Adolescent Psychiatry and <sup>2</sup>Psychopharmacology, Central Institute of Mental Health, D-68159 Mannheim, Germany*

**Objective:** Serotonin (5-HT) is involved in the regulation of food intake. The pathophysiology of anorexia nervosa is influenced by a disturbance of the serotonin function. We suppose an association between anorexia nervosa and the 5-HT<sub>2</sub> receptor function of human platelets.

**Methods:** Twenty-one anorectic female patients aged between 11 and 17 years ( $14,7 \pm 1,8$ ) with a mean BMI of  $14,1 \pm 1,5$  entered this study. The 21 healthy age-matched female controls revealed a mean BMI of  $20,4 \pm 2,6$ . Blood samples were obtained from the anorectic inpatients at admission, during and at the end of weight restoration. Platelet-rich plasma was incubated with Fura2-AM. The intracellular calcium concentration [ $Ca^{2+}$ ]<sub>i</sub> was calculated before (resting level) and after 5-HT stimulation. The difference corresponded to mobilized  $Ca^{2+}$ .

**Results:** We observed a significant decrease in 5-HT-stimulated [ $Ca^{2+}$ ]<sub>i</sub> in anorectic patients ( $57,4 \pm 32,7$  nmol/l) compared to healthy controls ( $89,9 \pm 31,4$  nmol/l). In addition we found an increase in 5-HT-stimulated [ $Ca^{2+}$ ]<sub>i</sub> with weight restoration ( $76 \pm 36,8$  nmol/l).

**Conclusions:** It could be demonstrated that the 5-HT<sub>2</sub> receptor function of platelets is involved in anorexia nervosa. 5-HT-stimulated [ $Ca^{2+}$ ]<sub>i</sub> and consequently the serotonergic messenger system tend to normalize with weight restoration.

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### ALTERED NATURAL-KILLER-CELLS IN PATIENTS WITH DEPRESSIVE SYMPTOMS

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**Objective:** Psychosocial stress is associated with alterations in neuroendocrine and immunologic functions in adults. In this study we investigated 1) whether or not changes in immunologic parameters could be shown in a group of 35 hospitalized adolescents (age 12-19) with depressive symptoms in comparison to a group of healthy, age- and gender matched controls, and 2) which psychosocial factors (stressful events, coping style, distress and depression) correlated with these changes.

**Methods:** Blood samples were drawn from 35 hospitalized adolescents and controls and the following tests were performed: a) NK-cell-activity b) Lymphocyte subpopulations (NK, T4, T8) c) whole blood cell count. Psychosocial factors were assessed within 7 days after immunologic tests.

**Results:** We found significant differences between the two groups in NK-cell-activity and NK-subpopulations with a decreased activity and lowered numbers of NK-cells in the patients' group. These changes correlated with distress and problem-avoiding coping style (blunting), but did not correlate with scores for depression or stressful events.

**Conclusion:** In our adolescent patient sample, changes in immunologic parameters similar to those observed in adults could be shown. Important factors for psychoimmunologic correlations are coping styles and distress.

**SYMPOSIUM****SY36****ADDICTION RESEARCH IN ADOLESCENTS -  
RECENT EMPIRICAL DATA****359 - 365****Addiction research in adolescents - new empirical data**

O. Bilke (1), B. Gunning (2)  
 Medical University Lübeck, Germany (1)  
 University of Amsterdam, The Netherlands (2)

Psychiatric research in adolescent addictive behaviour has been quite rare in Europe despite its social relevance. This has changed in the last years and several groups of child and adolescent psychiatrists have gathered empirical data.

In this symposium new results are presented covering the whole field from epidemiology (H. Hannesdottir, Iceland) to toxicology of designer drugs (Schwab & Bilke, Germany), psychological variables (Bolognini, Switzerland), biological data (Gunning, Netherlands) and problems of proper documentation (Englert, Germany).

There will be broad discussion and the opportunity to contribute own experiences of the audience in order to stimulate this expanding area of European adolescent psychiatric efforts.

**Icelandic adolescents with alcohol and narcotics dependence  
Clinical and epidemiological data****360**

Hannesdottir, H. (1), Tyrfinngsson, Th. (2) Dept. of Psychiatry, Reykjavik Hospital (1); National Hospital for Detoxification (2), Iceland

**Objective:** A study of prevalence of alcohol and narcotic addiction and comorbidity in a sample of 103 adolescents admitted for detoxification treatment. During the years 1993-1997, 574 adolescents have been admitted to the Alcohol and Drug Treatment Service. Those who were younger than 19 years old were 12% of all admissions in 1997. In the year 1997, 264 adolescents were admitted for detoxification.

**Methods:** After a clinical interview and DSM-IV-diagnoses the Youth Self Report (YSR) by Achenbach was distributed in the end of a 10-day in-patient stay. Analyses controlling for sex, age and sociodemographic data, behaviour and emotional problems will be reported. Psychiatric comorbidity and diagnoses among the adolescents with alcohol and drug addiction will be reported.

**Results:** The results were compared to a random selected group of adolescents from the general population. Statistically significant differences were found between referred and non referred adolescents, indicating 2.5 times higher total behaviour problem score of the YSR for referred adolescents with drug and alcohol problems. Comorbidity is frequent in this group and seems to be the rule.

**Discussion:** The findings support the discriminative validity of the YSR in various settings and can be functionally applied both to clinical work and to prevention programs for adolescents. The findings of the checklist demonstrate the feasibility of standardized research work on youth psychopathology.

**359****361****DRUG POLICY IN ADOLESCENT PSYCHIATRIC TREATMENT CENTRES**

Lenssen, A., Gunning, W.B.  
 De Argonaut, University of Amsterdam

**Objective:**

Investigation of guidelines and clinical practice in drug policy in different (semi) residential youth treatment centres.

**Method:**

Reviewing evidence-based and consensus-based guidelines and comparing them with clinical practice in different (semi) residential youth treatment centres in Amsterdam.

**Results:**

Evidence-based and consensus based guidelines in drug policy in the (semi) residential youth treatment centres include direct/specific assessment (screening: urinalysis, self-report, diagnosis, ASI, DSM-IV, parent/teacher information), reduced restrictiveness and intensiveness of intervention (detoxification, treatment of withdrawal effects and comorbidity). Clinical practice appears to be restrictive: before/at intake recurrent/excessive users are sent to addiction centres. The rate of these drop-outs is estimated high although exact data are not available. Differences in drop out rates due to drug use before and during treatment seem to be correlated with differences in policy (restrictiveness, assessment-/diagnosis instruments, interventions) and differences in psychopathology. The addiction centres not being accessible for youth (<18) it is not clear what happens with the excluded (ab)users.

**Conclusions:**

Policy guidelines hardly make their way to clinical practice due to lack of treatment facilities.

## ISSUES IN DOCUMENTATION AND QUALITY MANAGEMENT OF ADOLESCENT ADDICTION CARE

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As data from epidemiological surveys and clinical populations show, drug abuse and addiction is a rising problem among teens. In the context of child and adolescent psychiatric service units, symptoms of drug and alcohol abuse are presented in three different ways: (1) as comorbid symptoms in youths mainly referred for conduct disorders or psychotic symptoms, (2) as the source of drug-associated problems with school achievement, peers and family, and (3) as the main cause for referral in patients with acute substance intoxication or manifest dependence syndrome.

In a retrospective study at our Frankfurt child and adolescent psychiatric department we found not only a steadily growing proportion of patients with comorbid drug abuse (from 5.1 to 26.8 pct. within the last decade); one of the results was, that the pattern of drug abuse, the kind of drugs abused, and the quantity were rather poorly recorded.

As an additional module to the widespread child and adolescent psychiatric basic documentation system we developed a documentation sheet for alcohol and drug abuse which combines elements from the "European Addiction Severity Index" and other similar instruments with special modifications for adolescent drug abuse. Preliminary data from two new-established outpatient units for youths with drug and alcohol abuse in Frankfurt and Rostock, recorded with this new instrument show a great variety in patterns of poly-drug using together with frequent drug-associated problems.

Specific treatment settings and programmes for drug-abusing adolescents are needed as well as specific instruments for quality management. Comorbid drug and alcohol abuse remain underdiagnosed if standards of diagnostic assessment and documentation fail to adapt to the changing symptomatology in child and adolescent psychiatric patients.

## 362 The impact of Cytochrome P4502D6 genotype on the toxicity of MDMA and related drugs in adolescent and adult users

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Entactogens represents a class of psychoactive synthetic compounds abused as recreational designer drugs, for example MDMA, MDE and MDA. Originally these drugs were regarded as being safe, but an increasing number of severe somatic as well as psychiatric adverse effects and even deaths have been reported. The responsible underlying mechanism is still unclear. One possible explanation is that deficiency in cytochrome P4502D6 (CYP2D6) expression could be a genetic factor that predisposes to an increased risk of MDMA toxicity due to an accumulation of these drugs because 5-10% of white people are poor metaboliser (PM). In-vitro studies have shown that demethylation of MDMA, MDE and MDA is a major metabolic pathway catalysed by CYP2D6.

**Aim:** To analyse CYP2D6 genotypes in adolescent and adult users with and without adverse events or longer term psychiatric complications. **Methods:** 12 CYP2D6 alleles (5 functional and 7 non-functional alleles) were analysed by allele-specific PCR. **Results:** Our preliminary data show that 3 patients with acute hepatotoxicity, in two cases with subsequent liver transplantation, were identified to be extensive metabolisers (not PMs). For 9 of 36 users who revealed complications (e.g., panic attacks, depression, paranoid psychosis) only two are identified as PMs, six as extensive and one as ultra-rapid metaboliser.

**Conclusion:** Further investigations with larger sample sizes are needed to prove or disprove a role of CYP2D6 polymorphism for especially psychiatric toxic effects of these drugs. Additional mechanisms such as an idiosyncratic reaction should be taken into account for explanation of ecstasy related toxicity.

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## Ecstasy abuse among adolescents - new empirical data from a clinical sample

Bilke, O.(1), Jung, M. (2), Warnking, P. (1), Ruhl, U. (1), Stolle, D. (2), Knölker, U. (1) Medical University Lübeck, Poliklinik für Kinder- und Jugendpsychiatrie (1), Fachklinik Schleswig-Holstein (2)

MDMA and other so called entactogens (MDE, MDA etc.) have become a major drug used in adolescence all over Europe. Although there is a public concern about the health risks of these substances, clinical data are rare.

In this study all in-patients of a special ward for adolescent drug abusers with psychiatric disorders in Northern Germany (2) were examined by standardised interviews (SKID) and self reporting scales as well as hair analysis and neuropsychological testing.

As expected from earlier studies and clinical experience most drug users used MDMA and several other substances such as LSD, Amphetamines, Cannabis and others. Cocaine in particular was used widespread during parties. There was a very high proportion of adolescents with anxiety disorders, phobias and specific developmental disorders.

As these first results may indicate, MDMA abuse does not seem to be a specific health care problem but a part of a larger drug abuse problem in vulnerable adolescents.

Research and therapeutic resources in Adolescent Psychiatry have to focus on comorbidity rather than specific substance phenomena.

## Evaluation of the drug use diversity: some recent data referring to the French speaking part of Switzerland

Bolognini, Monique, Plancherel, Bernard, Halfon, Olivier Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent, Research Unit, Bugnon 25A, CH-1005 Lausanne

Switzerland is one of the European countries with a major substance abuse problem. A study, part of a broader project\*, was achieved in the canton Vaud (French speaking part of Switzerland) between 1995 and 1998. The aim was to evaluate different types of dependent behaviours using DSM-IV inclusion criteria. Data were collected on the basis of a semi-structured interview (Mini Neuropsychiatric Interview) and several self reports. A group of drug abusers (73 m / 34 f) were compared to a control group (49 m and 72 f) referring to drug abuse: tobacco, alcohol and illegal drugs. Subjects were age 15 to 25 (mean age 20.5, sd =3). Tobacco was much more often used by drug abusers than in the control group. It was also seen that drug abusers, notably women, used tobacco and alcohol much earlier. Main substances were cannabis, heroin, cocaine and ecstasy. The only illegal drug used by the control group was cannabis. More than half of the subjects considered as drug abusers were dependent on several substances once in their life. These results confirm the relation between different substances, tobacco being an important precursor of other drug use. Women appear to be more vulnerable even if the number of female drug abusers is inferior to the number of male drug abusers.

\*INSERM Network on addiction. Project ref. 494013 (Ph. Jeammet, M. Corcos & M. Flament, Paris). Financed for the Swiss part by the OFSP (Swiss Federal Office for Public Health)



**SYMPOSIUM**

SY37

**EFCAP-Symposium****ASSESSMENT AND TREATMENT OF YOUNG  
SEXUAL OFFENDERS**

366 - 372

**PROFILING ADOLESCENT SEXUAL ABUSERS**

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R. C. Beckett &amp; S. Brown

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Wallingford, Oxon OX10 9HH; United Kingdom.

**Objective:** To describe the development, standardisation and application of a psychometric profiling system for adolescent sexual abusers.

**Method:** 150 adolescent sexual abusers completed a range of questionnaires designed to investigate personality variables, levels of denial and offence related attitudes (e. g. victim empathy, cognitive distortions etc.). The sample is described and the data compared and contrasted with adult sexual offenders.

**Results:** The results of this ongoing research show that adolescent sexual abusers vary considerably across the dimensions studied. A subgroup of subjects are identified as presenting with profiles very similar to adult sexual offenders.

**Discussion:** The implications for risk prediction, treatment and management are discussed and case examples given.

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**ASSESSMENT AND TREATMENT OF YOUNG SEXUAL OFFENDERS**  
(European Association for Forensic Child & Adolescent Psychiatry, Psychology & other involved Professions - EFCAP)

**Speakers:** R. Beckett (Oxford, United Kingdom), E. Vizard (London, United Kingdom), P. Hummel (Dresden, Germany), F. Bruinsma (Utrecht, The Netherlands), J. Worling (Toronto, Canada).

**Objective:** To describe new developments in assessment (Becker, Vizard & Hummel) and in treatment (Bruinsma & Worling) of young sexual abusers offending against children, juveniles and adults.

**Methods:** Different kinds of samples of young sexual offenders were assessed. They contained either an inpatient sample (Becker), inpatient and outpatient samples (Vizard), or a sample gained during ongoing criminal proceedings (Hummel). Treatment samples were either outpatient (Worling) or inpatient and outpatient (Bruinsma).

**Results:** Classifying of young sexual offenders was the most prominent concern of the papers dealing with assessment. Papers dealing with treatment focussed on classifying as well (Bruinsma) or pointed to specific predictors of recidivism (Worling).

**Conclusion:** Young sexual offenders are in several aspects a heterogeneous group of young people that need specific understanding and specialized help to better prevent recidivism of sexual offences.

**SEXUAL AROUSAL DISORDER OF CHILDHOOD**

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The Huntley Centre, Capper Street, London WC1E 6JA, United Kingdom

**Objective:** To explore the need for a psychiatric nomenclature for children and young people who sexually abuse other children and to suggest appropriate modifications to the existing classification systems, ICD 10 & DSM IV.

**Method:** The clinical characteristics of 220 young sexual abusers of other children were described following an intensive multiagency psychiatric assessment process. Data extraction from clinical files onto an SPSS database was undertaken and data analysis looked at the demographic characteristics of the sample.

**Results:** A list of high and low risk indicators for abusing behavior was elicited. Subgroups of dangerous, predatory young abusers and abusers with multiple paraphilias were identified.

**Conclusions:** 1. That modification to ICD 10 & DSM IV to include a category for 'sexual arousal disorder of childhood' or 'sexual behavior disorder' or some variant of these terms would help with the earlier identification of future pedophiles by mental health professionals. 2. That subgroups of dangerous young sexual abusers and young sexual abusers with multiple paraphilias can be identified from risk indicators and early intervention offered.

**DIFFERENCES IN ADOLESCENT SEX OFFENDERS AGAINST CHILDREN 369***P. Hummel, V. Thömke**Department of Child & Adolescent Psychiatry, University of Dresden, Germany*

**Objective:** To examine hypothesised differences concerning the psychopathological development of male adolescent sex offenders against children (n=36) with (n= 16) and without (n=20) a history of sexual abuse.

**Method:** A defined sample of male adolescent sex offenders against children was investigated during ongoing criminal proceedings with regard to personal development, family characteristics and types of offences the juveniles had committed. Semistructured interviews, questionnaires and intelligence tests were used.

**Results:** The most important differences between the two groups concerned the higher incidence of fondling as type of abuse (contingency coefficient .301;  $p < .05$ ) committed by adolescents without a history of abuse and the more frequent absence of the parents of those adolescents with such a history (contingency coefficient .402;  $p < .05$ ).

**Conclusions:**

1. Results suggest that the "non-abused group" seems to offend sexually against children to establish more likely a sexual contact than to perform violence in a sexualised manner.
2. A history of sexual abuse in male adolescent sex offenders against children is probably only to be considered a categorical stress factor if the dimensions of such experiences are intensive and long lasting.

**ADOLESCENT SEXUAL OFFENDER RECIDIVISM 371***J. R. Worling**SAFE-T Program (Sexual Abuse: Family Education & Treatment) Toronto, Canada*

**Objective:** To evaluate the success of specialized community-based treatment for reducing adolescent sexual reoffending and explore the predictive utility of variables assessed regarding sexual and nonsexual recidivism.

**Method:** Recidivism data (criminal charges) were collected for 58 offenders participating in at least 12 months of specialized treatment at the SAFE-T Program. Data were also collected for a comparison group of 90 adolescents who received only an assessment (n=46), refused treatment (n=17) or dropped-out before 12 months (n=27). Follow-up interval ranged from 2 to 10 years ( $M=6.23$ ,  $SD=2.02$ ). Offenders completed a battery of psychological tests to provide standardized data regarding social, sexual, and family functioning.

**Results:** Recidivism rates for sexual, violent nonsexual, and nonviolent offences for treated adolescents were 5.17%, 18.9% and 20.7%, respectively. The Comparison group had significantly higher rates of sexual (17.8%), violent nonsexual (32.2%), and nonviolent (50%) recidivism. Sexual recidivism was predicted by sexual interest in children. Nonsexual recidivism was related to factors commonly predictive to general delinquency such as history of previous offences, low self-esteem, and antisocial personality.

**Conclusions:** Results support the efficacy of treatment for adolescent sexual offenders and are consistent with the notion that sexual recidivism is predicted by unique factors unrelated to general (nonsexual) reoffending.

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**A FOLLOW-UP RESEARCH OF 361 ADOLESCENT SEX OFFENDERS (ASO)***Frits Bruinsma, M. D.**Regentesselaan 101, 3571 CD Utrecht, The Netherlands*

**Objective:** To investigate the recidivism-rate of three different groups of adolescent sex offenders („situational“, „opportunistic“ and „sexual-deviant“) with and without treatment after having been charged.

**Methods:** After a mean of three years (range: 0;6 to 10 years) recidivism figures of four different samples were examined: ASO assessed at police stations (n=127), mostly no treatment afterwards; ASO with extensively forensic assessment (n=115), some with treatment afterwards; ASO with outpatient treatment (n=10) and ASO with residential treatment (n=109).

**Results:** Out of n=361 ASO n=242 (67%) did not recidivate as far is known, 40 (11%) recidivated once, 50 (14%) twice to eight times, and 29 (8%) more than eight times. Of those ASO who recidivated (n=119), a non-violent crime was committed by n=45 (38%), a violent crime by n=44 (37%), a sexual crime only by n=14 (12%), and at least one sexual and one non-sexual crime by n=16 (13%). As predicted, only the „sexual-deviant“ ASO reoffend with sexual crimes. The place of treatment alone, i.e. residential, did not prevent sexual recidivism.

**Conclusion:** Assessment along the typology of ASO described is a relatively good predictor of sexual recidivism. Effective treatment of ASO has to follow these different types to better prevent recidivism of sexual crimes.

**FORENSIC PROBLEMS OF JUVENILE CONVICTS***M.H. Friedrich**General Hospital of Vienna, Dept. of Neuropsychiatry of Childhood and Adolescence 1090 Vienna, Austria***Socio-demographic Data on Juvenile Delinquents in a Juvenile Detention Center.**

In Austria there are 120 male juveniles who have been sentenced to more than 12 months imprisonment. The sample is made up of males between the ages of 15 and 20. The length of the sentence correlates to the crime; offenses range from robbery to manslaughter and homicide.

Background, socio-economic data, psychopathology, profiles of developmental psychology, and criminal specifications will be presented.

An international comparison of forensic consequences of penal enforcement will be discussed.

**WORKSHOPS****WS 06 - WS 10****373 - 377****INTEGRATED PSYCHOLOGICAL THERAPY FOR SCHIZOPHRENICS  
IPT**

N. Kienzle, G. Naber  
Rottmannshöhe, Department of Adolescent Psychiatry of  
Heckscher-Klinik Munich, D-82335 Berg, Germany

In this workshop, we present the group therapy program specified in the title (IPT) with its five treatment steps "Cognitive Differentiation", "Social Perception", "Verbal Communication", "Social Skills" and "Interpersonal Problem Solving". We determine the role and value of this approach to treatment within the framework of inpatient behavioral therapy that is implemented at our hospital. Here, we refer to an experience of more than 10 years that we have gathered in the application of the IPT since its first publication. In particular we stress the differences in the treatment with the IPT of adult and adolescent schizophrenic patients.

**Results of a survey among teachers of the „Schule f. Kranke“****374**

Prof. Dr. Renate Harter-Meyer, Hamburg University  
Study-group for teaching pupils from the Child and Adolescent Psychiatric  
Department (SchuPs = Schule und Psychiatrie).

At the centre of the survey are questions of the pedagogical concept, teacher's experience when cooperating with physicians, psychotherapists and teachers from standard schools, as well as the amount and kind of support provided by the school administration.

The analysis of the emotional stress while dealing with pupils is of outstanding importance. The hypothesis is, that relations between teachers and their pupils with psychiatric disturbances are linked to conscious and unconscious mental images, ideas and feelings. Teachers generally only have a limited training or advanced training for the necessary handling of aggressions and depressions, intimate and formal relationships, acceptance and encouragement. They often experience that their pedagogical work is being underestimated by physicians and psychotherapists, and that its significance in the healing process is not being appreciated enough. The struggle for pedagogical self-esteem in a hierarchically structured hospital can lead to emotional strain, which promotes withdrawal within oneself and conformity rather than self-reliance and creativity.

The survey was carried out in cooperation with the study-group „Teaching pupils from the Child and Adolescent Psychiatric Department“ (SchuPs). The study-group, founded in 1992, currently includes about 134 schools in psychiatric departments. It promotes exchange of experiences among teachers and the development of specific didactics for teaching psychiatric pupils. SchuPs is organizing a satellite congress in Hamburg-Rissen simultaneously with the ESCAP congress.

**373****375****INTERPERSONAL PSYCHOTHERAPY FOR ADOLESCENTS (IPT-A)**

E Fombonne,  
Institute of Psychiatry, London, United Kingdom

Interpersonal psychotherapy for adolescents (IPT-A) is a short-term treatment for adolescents with major depression. IPT-A is a downward extension of IPT for adults for which abundant evidence exists for its efficacy. IPT-A is a standardised treatment for which a manual is available, and specific training is required for its use. The goals of IPT-A are to alleviate depressive symptoms and to improve interpersonal functioning of the depressed adolescent. The Workshop will provide an introduction to the conceptual background of IPT-A, and will outline the particular techniques used in IPT-A and the role and stance adopted by the therapist. A typical treatment outline from the initial phase through the middle and termination phases will be described. Efficacy studies of IPT and IPT-A will be briefly summarised. The various aspects of the treatment will then be illustrated by showing excerpts of videotaped sessions of IPT with one depressed adolescent girl.

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**FREE COMMUNICATION SESSION****Children - War and Persecution II: Treatment and Prevention**Chairpersons: Adam, Hubertus, Famuyiwa, Olu*Dept. of Child and Adolescent Psychiatry & Psychotherapy, Univ. Hospital Eppendorf, Martinistr. 52, D-20246 Hamburg, Germany*

The four presenters of the Symposium "Children War and Persecution I: African Perspectives" will each give a short statement on:

- preventive and therapeutic possibilities before the beginning migration or flight,
- respective possibilities in the aftermath of flight with unaccompanied minors in German and Swiss exile, and
- with African families in exile.

Participants of the workshop are asked to actively cooperate and present case-vignettes exemplifying preventive and therapeutic modalities.

FC 09

**METHODS OF ASSESSMENT II**

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**CaMir - An economic instrument to study attachment-styles in adolescents and adults**

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*Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent Lausanne (Switzerland); Universitäts-Krankenhaus Hamburg-Eppendorf (Germany)*

The CaMir has been developed under the supervision of the first author as a self-report instrument designed to assess attachment styles (or strategies), for adolescents (over 16 y.o.) and adults, using the Q-Sort procedure. There are two objectives for the workshop:

1. The original version of the CaMir (the French version), recent data on its factorial structure, cross-comparisons with the AAI, and the present state of its translations into other languages (German, English, Greek, Spanish and Japanese) will be presented.
2. Some recent data on attachment styles in clinical groups, using the CaMir as well as related instruments, will be discussed by representatives of CaMir-research groups from Switzerland, France, Austria, Germany and Greece.

The workshop is open for all those interested in research methods on attachment styles and their application in clinical research.

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**EARLY IDENTIFICATION OF PSYCHOSOCIAL PROBLEMS IN CHILDREN**E. Brugman<sup>1)</sup>, S.A. Reijneveld<sup>1)</sup>, S.P. Verloove-Vanhorick<sup>1)</sup>, F.C. Verhulst<sup>2)</sup>.<sup>1)</sup> TNO Prevention and Health, Leiden, The Netherlands<sup>2)</sup> Sophia's Children's Hospital/Erasmus University, Department of Child and Adolescent Psychiatry, Rotterdam, The Netherlands

**Objective:** To assess the ability of Dutch preventive Child Healthcare Services to detect psychosocial problems in children in the general population.

**Method:** Psychosocial problems in 4-15 year-old children were assessed as part of the regular preventive health assessments of Child Healthcare Services. Immediately after each child's history taking and physical examination, the physician or nurse assessed the presence of psychosocial problems (type and severity), and recorded the findings on a standardised form. In addition, the Child Behavior Checklist (CBCL) was completed by the parents of 4171 children (non-response 9%).

**Results:** In 26% of the children, the physician or nurse diagnosed psychosocial problems, including behavioral and emotional problems. According to the CBCL Total Problem score, 6% of the children were scored in the borderline-range and 9% in the clinical range. Of the latter, 60% had been identified as having psychosocial problems by the physician or nurse. Further analyses will examine which family-(environment) or child-specific factors best predict the identification of psychosocial problems by professionals working in Child Healthcare Services.

**Conclusions:** Many problems identified by the CBCL are not identified during regular preventive Child Healthcare Services assessments. Training on the identification of serious psychosocial problems is needed, as well as appropriate screening tools.

**THE TRIDIMENSIONAL PERSONALITY QUESTIONNAIRE AND THE SENSATION SEEKING SCALE IN DEPRESSED ADOLESCENTS : STATE VERSUS TRAIT ISSUES**

*G. Michel, M.-C. Mouren-Siméoni, F. Perez-Diaz, M.-P. Bouvard, R. Jouvent, M.F. Flament*  
CNRS UMR 7593, Hôpital de la Salpêtrière, Paris

**Objective:** The aim of the study was to examine the stability over time of the personality dimensions defined by Cloninger's Tridimensional Personality Questionnaire (TPQ) –novelty seeking (NS), harm avoidance (HA) and reward dependence (RD)– and by Zuckerman Sensation Seeking Scale for Adolescents (SSS-A, Michel et al., 1999) –disinhibition (Dis), Thrill and Adventure Seeking (TAS) and Non-Conformism (NC)– in adolescents with depressive and other psychiatric disorders.

**Methods:** Our samples consisted of 38 psychiatric inpatients with major depression or dysthymia, 32 with ADHD or conduct disorders, and 30 with anxiety disorders. All subjects (mean age  $\pm$  SD, 15.5  $\pm$  0.6 years) completed at admission the TPQ and the SSS-A. Depressed subjects had a second assessment 4 months later, when mood had returned to normal.

**Results:** On the TPQ, the HA scores were significantly higher in subjects with depressive and anxiety disorders compared to those with other psychiatric disorders, while no significant differences were observed on the other two dimensions (NS and RD). On the SSS-A, depressed subjects had lower Dis scores during the depressive episode than at second evaluation.

**Conclusion:** While personality dimensions of NS, RD, TAS, and NC remain relatively independent of mood state, HA scores appear to be elevated and Dis to be decreased during depressive states. These findings are consistent with those of others investigators.

**379 CAREGIVER-INFANT INTERACTION VIDEOS AS A DIAGNOSTIC TOOL IN CHILDREN OF DRUG ADDICTED MOTHERS 381**

*Fiala-Preinsperger S, Elstner T, Muzik M, Schuch B, Fischer G, Berger E*  
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Children of opiate dependent mothers are enrolled in a prospective longitudinal study over 6 years considering biological and psychosocial aspects of their development. The mothers had oral methadone, morphine or buprenorphin substitution respectively and psychosocial and medical care beginning with the pregnancy. The study is part of a interdisciplinary comprehensive care program. For the documentation we used semi-structured questionnaire and videotape records of mother-infant interaction (undressing situations, play sequences). 125 interactions were recorded in 58 children with their mothers (N=38), foster-mothers (N=14) or grandmothers (N=6). The interactions were analysed using a modification of Mannheim Scales and the Parent Infant Relationship Global Assessment Scale (PIRGAS). Interaction disorders were classified according to ZERO TO THREE manual.

We found clear interaction disorders (PIRGAS < 40) in 17 cases (N=8 underinvolved, N=8 dysregulated, N=1 mixed). Milder disturbances of interaction we saw in 10 cases. In 32 cases the interaction was classified as appropriate

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**DIAGNOSTIC PROBLEMS IN CHILD PSYCHIATRY**

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**Objective:** The diagnosis in childhood gives particular problems that sometimes are not treated by the actual system of classification. The authors wish to underline, for preventive and therapeutic aims, the importance of a diagnostic process that takes into consideration the nosographic, structural and evolutive aspects of this particular clinical population.

**Methods:** We underline the problems and characteristics of the diagnostic process related to the clinical population of 250 children in latency age in an out-patient department in a second application between the years of 1996-98.

**Implications:** The thesis presented in this article suggests a reflection on the need to use a psychiatric psychodynamic diagnosis of childhood and to hypothesize the definition of the new diagnostic categories and syndromes.

**Differences in Classification of Obsessive-Compulsive Disorder using DSMIV and ICD 10**

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**Object:** Obsessive Compulsive Disorder (OCD) is a well defined diagnosis in DSM IV and ICD 10. We compare the different diagnostic systems in a clinical sample.

**Methods:** The University of Vienna, Department of Neuropsychiatry of Childhood and Adolescence run a outpatient clinic for obsessive - compulsive disorders since Oktober 1996. Patients with the clinical diagnosis of obsessive compulsive disorder followed as outpatients were recruited for this prospective study. We evaluated the diagnosis by the means of the diagnostic criteria of DSM IV and ICD 10 in a sample of 47 consecutive outpatients.

**Results:** Our findings suggest a small, but remarkable diagnostic heterogeneity in our sample using DSM IV and ICD 10. We discuss the differences between both OCD categories applied to a clinical population of children and adolescents.

**FREE COMMUNICATION SESSION****FC 10****ATTACHMENT AND INTERACTION****383 - 388****TRANSGENERATIONAL ATTACHMENT PSYCHO-PATHOLOGY****384**

T. Mircea

University of Medicine and Pharmacy Timisoara/Romania

**Objectives:** The research objective was to show the relationship between the attachment disorders at a group of young parents, student families and their attitude towards their own child.

**Method:** The study was made on a group of 30 student families which have children aged under three years. "The Interview for the Adult's Attachment" (as imagined by Mary Main) and a semistructured interview (as imagined by the authors) concerning the family's attitude towards its own child's situation were applied to each parent separately.

**Results:** The quotations revealed the existence of an avoidant or ambivalent attachment disorder in a percentage of over 60% of the cases.

The risk factors and the types of reaction as a result of the negative experience from childhood related to the constant figure of attachment have also been quoted on basis of the IAA (with a considerable modified percentage).

**Discussions:** The attitude of these families which were raised in creches proves that they can easily renounce at their child's presence in their family. This will affect the attachment structure of their own children as well. Through analogy we could explain the "child abandon" as a transgenerational phenomenon of psychopathology of transmitted attachment.

**383****ROLE OF ATTACHMENT IN THE DEVELOPMENT OF ELBW CHILDREN***N. Sajaniemi PhL, J. Mäkelä MD**Hospital for Children and Adolescents, Helsinki university central hospital, center for infant psychiatry*

**Introduction:** Attachment is a biologically determined relationship aimed at securing survival and development. Various strategies of attachment develop through generalized learning experiences and affect the way further information is accessed and encoded. Early strategies (resistant/ambivalent C, secure B, avoidant A, disorganized D) are detectable at 10-12 months. During pre-school years neurocognitive development leads to a wider array of attachment strategies and attachment behaviors. Hypothetically a balanced secure attachment gives the best potential for accessing the total information content of given situations.

**Objectives:** To assess attachment development of ELBW infants and to assess the relationship between attachment and neurocognitive development.

**Design:** A follow-up study

**Patients:** ELBW infants (n = 100) born in HUCH area in 93-95.

**Measurements and main results:** Study methods are neurological check-outs for 0-4 year olds, Bayley Scales (with infant behavior record IBR) for 2 years assessment, PAA (preschool assessment of attachment) and CBCL (child behavior check list) at 3 years, WPPSI and NEPSY for neurocognitive outcome at 4 years, PAA and CBCL at 4 years. In our study, disorganized, non-normative types of attachment were overrepresented in ELBW children. At 2 years of age, the children with different attachment patterns were, on average, at same developmental level. At 4 years of age, disorganized children were at the lowest level of neurocognitive performance. Behavior at 2 years of age did not predict later attachment development. CBCL at 3 years of age did not predict later attachment development.

**Conclusions:** ELBW children are at risk for deviant attachment development. Non-normative, disorganized attachment pattern seems, in turn, to add the risk of non-optimal neurocognitive development. Supporting attachment development from very early on might thus prevent to a certain degree later neurocognitive problems.

**Acknowledgments:** This study was supported by Lea and Arvo Ylppö foundation and HUCH.

**385****THE IMPORTANCE OF SIBLING RELATIONSHIPS AFTER PARENT'S SEPARATION***M. Karle, T. Müller, G. Klosinski, H. Kleefeld**Department of Child and Adolescent Psychiatry and Psychotherapy, University of Tübingen, D-72076 Tübingen, Germany*

**Objective:** The „best interest of the child“ rule which most court decisions follow, is a rather vague legal term. It can be defined by a variety of criteria one of them being sibling relationship. It is accepted as a general rule that siblings should not be separated after separation/divorce of the parents. It will be examined if expert recommendations follow the same rule.

**Methods:** Retrospective analysis of 124 expert recommendations with regard to family and child factors. Frequency and significance of different factors determining the best interest of the child (wishes of the child, the child's interrelationships with parents, continuity of upbringing and living arrangements, fitness of the parents, sibling relationships) are being assessed and discussed concerning their significance.

**Results:** In 54,2% of all families sibling relationships are considered important for expert recommendations. It is the second most important criteria after the best interest of the child. In 20% of all expert evaluations it was recommended to separate the siblings.

**Conclusions:** The criteria of sibling relationship is of great significance in custody cases and has not been reflected upon in the past. A more differentiated examination of this issue is necessary. In addition interrelationships with the parents and extrafamilial relation networks need to be considered.

**MATERNAL REPRESENTATIONS OF SUBSTANCE ABUSIVE MOTHERS**

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The mother's representational world includes her experience of current interactions with the child, her fantasies, fears, memories and models from her own childhood, and ideas for the child's future. The mental representations become strongly activated during pregnancy, can influence the mother's actual behaviour with the baby, and thus be enacted (Stern 1995).

Substance abusive mothers have experienced exceptionally much deprivation and conflicts, which are thought to have an essentially negative effect on the representations about being a mother and being cared for. This is probable to have importance in the interactive vicious circle, which often leads the mother to abuse or abandon the child.

In this study, the content of maternal representations are explored in a normal sample (N=380) (IRMAG), and in a group of mothers with severe alcohol and/or drug problem (N=12). The quality of early mother-infant-interaction is studied with a video-method (ERA) in this small sample.

**386 GENDER IDENTITY DISORDER: WHICH ETIOPATHOGENESIS?****388**

*G. Ferrucci, L. Croce, S. Fortugno, R. Perra, M. Tafuro, S. Trillo  
Childhood and Adolescence Psychiatric Department of  
"La Sapienza" University in Rome*

**Objective:** Gender Identity Disorder, occurring in childhood, is a well defined clinical disorder in its nosographic criteria. Notwithstanding, several questions remain unanswered. The aim of this study is to find some common characteristics around a multifactorial etiopathogenetic hypothesis.

**Method:** the 11 children, 10 males and 1 female, aged 6-9, suffering from GID are discussed.

For children: case history, intelligence test (WISC-R), projective test (Rorschach), play sessions.

For parents: CBCL questionnaire, DAS (Dyadic Adjustment Scale), SCL 90 (Symptom Check List), and semistructured interviews.

**Results:** in the 11 discussed cases we find as recurrent elements intergenerational factors, factors related to the parents' personalities and life events.

WISC-R resulted a total IQ above average. Results are significant for emotional disorder in specific items. In the projective test all subjects showed mother's idealisation together symbiotic themes. In the CBCL most of the subjects obtained a significant rate of values in internalising disorder scales, ranging from risk to pathology. Through observation of play sessions of children emerge depressive themes; in other cases maniacal defensive tendencies, linked to deep sense of danger and threat.

**Discussion:** data in our possession seems to confirm the etiopathogenetic multifactorial hypothesis, in determining a mother-child relationship. This relationship could be characterised by a "disorganised attachment" and by a difficulty in the individuation-separation process, with damaged identity.

However some problems remain to be studied, especially the various expressions in the symptomatic organisation and questions related to the organization of the thought in those children.

**387****SOMATIC SYMPTOMS IN CHILDREN: PSYCHOPATHOLOGY AND FAMILY FUNCTIONING**

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Athens, Greece*

**Objective:** To examine the individual and family characteristics and functioning of children with somatic symptoms.

**Method:** Children with somatic symptoms (n=69) i.e. recurrent abdominal pain (RAP) and recurrent headache other than migraine aged 8 to 14 years, were compared to controls after organic problems were ruled out. The interview KIDDIE-SADS-P was administered to the children. Parents (mostly mothers) were given the SCL-90-R, a general psychopathology scale, the parental expressed emotion instrument (FMSS-EE) and the Mc Master Family Assessment Device.

**Results:** Children with somatic symptoms had significantly more symptoms of depression and anxiety than controls. Their parents differed significantly in regard to depressive, symptoms, anger and hostility. They also displayed more high expressed emotion i.e. critical comments, hostility or emotional overinvolvement. General family functioning, problem solving, communication, roles and affective responsiveness in the family, were significantly more affected in the group of children with somatic symptoms.

**Conclusions:** It is essential for clinicians treating children with RAP and or headaches to also work with maternal depression, maternal criticism or overinvolvement and try to alter family functioning.

**FREE COMMUNICATION SESSION**

FC 11

**PSYCHOTIC DISORDERS**

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**Drug-induced Psychosis and related Disorders in Children and Adolescents.**C. Fleischhaker<sup>1</sup>, E. Schulz<sup>1</sup>, K. Priemer<sup>2</sup>, M. Mittendorf<sup>2</sup>, H. Remschmidt<sup>2</sup><sup>1</sup>Abt. für Psychiatrie und Psychotherapie im Kindes- und Jugendalter, Albert-Ludwigs-Universität, Hauptstr. 8, D-79104 Freiburg, <sup>2</sup>Klinik für Kinder- und Jugendpsychiatrie, Philipps-Universität, Hans-Sachs-Str. 6, D-35033 Marburg, Germany**Objective:**

We examined the relation between substance abuse and symptoms of psychosis and related disorders.

**Methods:**

We compared three groups of patients using the child and adolescent version of the IRAOS (Instrument for the retrospective assessment of the onset of schizophrenia, Häfner et. al., 1990).

**Results:**

Patients with drug-induced psychosis (n = 17) were compared with psychotic patients with comorbid substance-abuse (n = 10) and patients with other psychiatric disorders and additional substance-abuse (n = 30). These groups could be distinguished by psychopathology and premorbid functioning.

**Conclusions:**

There is some evidence that psychotic patients with comorbid substance-abuse could be distinguished from patients with drug-induced psychosis by psychopathology and premorbid functioning.

**PERIODIC JUVENILE PSYCHOSIS – A DISEASE OF ITS OWN? A CASUISTIC LONG TERM FOLLOW-UP 390**

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Periodic psychoses in childhood and adolescence have got a special position in psychiatric classification. In literature they are described in a rather heterogeneous way, though agreeing as having no obvious relationship to either schizophrenia or affective illness. Reports of longitudinal studies are rare. The case of a 35 years old man is presented, who was psychiatrically examined for the first time, when he was in the age of 12. 3 years later he was supposed to suffer from an atypical periodic juvenile psychosis. 23 years later the man showed similar psychotic episodes of mixed, paranoid, affective and psychomotoric symptomatology and the lack of residual symptoms in between. A short review of existing diagnostic conceptions of periodic juvenile psychoses is given and an arrangement with the ICD-10 is attempted. At last suggestions for establishing a number of compulsory diagnostic criteria are made.

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**ASSOCIATIONS WITH VIOLENCE IN ADOLESCENT PSYCHOSIS.**

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**Objectives:**

Published literature on the interaction between adolescent psychosis and violence is minimal. Although adolescent psychosis is a relatively rare phenomenon, it has large implications for adolescent mental health services, local authority services and some impact on the juvenile criminal justice system. This study examines the association of a history of criminally violent behaviour with both psychopathological variables and background variables known to be associated with violence in non-psychotic adolescents.

**Methods:**

Case note, retrospective information was collected on two adolescent units from 39 psychotic inpatients. 'Violent' and 'non-violent' groups were established. Comparisons were made between the two groups.

**Results:**

No associations were demonstrated between recorded psychopathological variables and criminally violent behaviour. Significant associations were demonstrated between a history of criminally violent behaviour and histories of emotional abuse, physical abuse, contact with social services and previous criminal behaviour. The 'violent' group had significantly poorer recorded responses to medication and longer periods of admission.

**Conclusions:**

Findings suggest that violent behaviour has a greater association with variables associated with violence in the general population than with specific symptoms of the psychotic illness.



**INCIDENCE OF PSYCHOSES IN ADOLESCENT AUTISTS 392**

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**Objective:** Trigger mechanisms, symptoms and diagnoses of severe emotional crises of patients with early infantile autism or with Asperger's syndrome were examined.

**Methods:** Detailed case reports of 152 adolescents with autism (ICD 10: F 84.0, F 84.1, F 84.5) coming for treatment in our department over a 10 years period were analysed retrospectively.

**Results:** 14% of the adolescents formerly diagnosed with early infantile autism, showed symptoms leading to a diagnoses of schizophrenia according to ICD 10. Within this subgroup we found a selection bias towards normal intelligence. In the sample with Asperger's syndrome 6% of the patients developed schizophrenia. Main trigger mechanisms were problems with sexual and bodily development or with peer relationships, school problems, and separation anxieties.

**Conclusions:** The literature suggests that the frequency of schizophrenia among patients with autism is the same as it is in the general population. In contrast, our sample of patients with early infantile autism showed a clearly higher incidence, especially if the patients had a relatively high intelligence. With regard to Asperger's syndrome the incidence of schizophrenia was far higher as well. This suggests that there are probably more pathogenetic similarities between autism and schizophrenia than generally assumed.

**FREE COMMUNICATION SESSION**

FC 12

**PSYCHOTHERAPY I**

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**Seven-Year Outcome in Juvenile-Onset Schizophrenia (JOS)**

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**Objective:** The course and outcome of schizophrenia are important topics of research. Most studies in adolescence are methodologically flawed. However, there is strong evidence supporting age-dependent differences in the outcome of schizophrenia.

**Methods:** The charts of consecutively admitted (mean age=16.5 years) schizophrenic adolescents (ICD-9 diagnoses) were examined. 53.6% of these former patients were followed-up by a clinical interview (PSE) after a mean interval of 7 years. Further outcome measures included the GAS, SANS, and general psychosocial data.

**Results:** There were only 16.7% of the subjects in the „good outcome“-group. Levels of education and occupation were low, and only few partnerships were recorded. Similar trends are also documented in several of the more recent studies.

**Conclusion:** Prognosis of JOS seems to be worse than adult-onset schizophrenia. Further research is necessary, because most studies are flawed by shortcomings such as small sample size, retrospective design, and short or variable follow-up periods.

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**EFFICACY OF CHILD PSYCHODYNAMIC PSYCHOTHERAPY**

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**Objective:** We propose a research on the evaluation of efficacy of psychodynamic psychotherapy with children (6-8 years old), affected by neurotic syndromes (ICD 10: F.40-F.48) and conduct and emotional disorders (ICD 10: F.91-F.93). We adopt an innovative prospective approach.

**Methods:**

- 1) First diagnostic level (psychiatric/psychopathological assessment: sessions with children; sessions with parents; CBCL; WISC-R; PN; "structural assessment grid" expressly realized);
- 2) Psychodynamic psychotherapy (three times weekly psychotherapy with children; weekly/fortnightly psychotherapy with parents);
- 3) Diagnostic assessment at the first and second year of psychotherapy;
- 4) Follow-up one year posttreatment;
- 5) Control group: children with the same disorders without treatment.

**Preliminary results:** At the assessment after the first year of psychotherapy outcomes are indicated by diagnostic change and change in overall adaptation (clinically significant improvement /more adequate functioning). Improvement rates are significantly higher for the treated group than for the control group.

**Conclusions:** Our preliminary results suggest that the disorders included in the study respond well to psychodynamic psychotherapy. They also show the crucial importance of a psychiatric and psychodynamic diagnosis for a careful assessment of the efficacy of treatment, and for the analysis of the process of therapeutic change.

## REFLECTIVE COOPERATION: NEW IDEAS ABOUT COMPLIANCE

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The concept of "compliance" has been used for many decades to describe therapeutic relationships. In inpatient settings, where patients themselves and/or their families are not always in agreement with the treatments being proffered by professionals, issues of compliance can play a central role in determining the success or failure of treatment.

But what is actually meant by the term "compliance"? Is compliance an individual personality trait, a sign of deference to a hierarchically delineated authority structure (doing what the expert/doctor says), or perhaps a way of relinquishing responsibility for making decisions about oneself?

Or is compliance perhaps even more complex than that - a narrative description of a particular form of "relational dance", a way of describing a complimentary and interactive process or dialog that can take various forms?

Using the multiple theoretical lenses of social constructionism, post-structuralism and pragmatism, this workshop will explore the conceptions of compliance as they are applied in child psychiatry. An alternative conception focusing around the term "cooperation" and based on the theoretical work of Harry Goolishian and Tom Andersen will be presented. The implications of this conceptual shift for clinical work will be elaborated through case examples.

## 395 IMPORTANCE OF MUSIC IN HEALTHY AND PSYCHIC AFFECTED ADOLESCENTS

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**Objective:** Adolescents often search for a solution of their problems in the peer-group or subculture. A very important part plays music. It is hypothesised, that some music has a dangerous influence especially on psychic affected adolescents. Therefore it was investigated if there is a difference listening to music and in the significance of music between healthy and psychic affected adolescents.

**Methods:** 243 pupils of public schools and 25 inpatients of the department of child and adolescence psychiatry and psychotherapy of the university of Tübingen were interviewed with a self-constructed questionnaire about different dimensions of consuming music, its influence and significance of music. With the inpatients an additional one hour half standardized verbal interview was made. The study will be continued with a sample of outpatients and samples of different subgroups for example religious groups and punks.

**Results:** First results show no significant difference concerning the role of music between pupils of public schools and inpatients. Only in the self rating of well being the inpatients were significantly worse. The most frequently mentioned types of music were different forms of pop and rap/hiphop/freestyle music. Hearing music is preferred in elevated and in depressed mood, the most frequently consequence is positive change of mood and strengthen of elevated mood in a medium to high extent. Rap/hiphop/freestyle are consumed in elevated mood and intensify this feeling. In depressed mood slow pop is used to make a positive change. More results will follow.

**Conclusions:** Music is used for improving mood in sense of self-therapy. There were no signs of improving aggression or depression. No difference was found concerning the role of music between healthy and psychic affected adolescents.

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## FOSTER CARER TRAINING AND MENTAL HEALTH IN FOSTER CARE

H. Minnis,

Department of Child and Adolescent Psychiatry, University of Glasgow,  
UK.**Objective/research question**

Does a training programme for foster carers have a beneficial effect on children's emotions and behaviour and the rate of breakdown of placements?

**Method**

A representative sample of 192 Scottish children in foster care aged 5 to 16, and their carers, participated in a randomised controlled trial, with 82% completion. Carers randomised to the study group received a three day training programme focussing on communication and attachment; approximately doubling the amount of training offered routinely. Outcome measures included screening instruments for child psychopathology, attachment disorders and self-esteem, height and weight and placement breakdown.

**Results**

Foster carers and teachers rated 60% of children as having some degree psychopathology and 19% percent of families experienced a breakdown of placement during the study period. The fostered children had significantly higher scores for attachment disorders and lower self-esteem than children in local schools. The training effected a small, non-significant improvement in emotional and behavioural functioning and breakdown rate.

**Conclusions**

A three day training programme was insufficient to significantly modify the outcome for this particularly vulnerable group of children.

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## STOPPED TO SPEAK, EAT AND MOVE

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Albert Medical University, Szeged, Semmelweis u. 6, Hungary

**Objective:** Demonstration of the case concerning the differential diagnostic difficulties and treatment approaches. Changing views of the possible therapeutic methods.

**Methods:** A case study of an 8 years old girl, who was treated for serious social phobia, eating disorder and selective mutism in the Department of Child and Adolescent Psychiatry Szent Györgyi Albert Medical University Szeged. The authors make account on the symptoms developed in a relatively short time and describe the systematically introduced behaviour therapy, which was combined with pharmacotherapy (fluoxetine: 60 mg/kg/d and clonazepam 0,5 mg/die)

**Results:** After 4 months in-patient treatment the BT was continued in out-patient form and ended up with a successful restart at school.

**Conclusions:** The authors emphasize the combination of the three psychiatric problem and underline the importance of the carefully planned BT to the effective treatment.

**ABOUT THE ROLE OF PETS FOR THE CHILD AND ADOLESCENT PSYCHIATRY 399**

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**Objective:** In Europe until now there is a lack of discussion about the role of pets in the treatment of mentally disturbed children and adolescents.

**Methods:** 230 publications were evaluated on the basis of a literature research (medline) until 1998 regarding the relevance of pet animals for diagnosis and therapy in mentally disturbed children and adolescents as well as for the prevention of diseases.

**Results:** While publications until the late eighties were mainly descriptive, now many researchers try to apply more rigorous statistical methodology. Various theoretical models explaining the therapeutic effects were developed. Children readily identify themselves with animals and project unconscious ideas to them. Mentally disturbed children often engage more spontaneously in therapeutic work when animals are part of it. Most suitably are specially trained dogs. Animals are part of the social network. They are friends and family members. Pets support social interaction and self-confidence as well as nonverbal and social competence. The more intense the human-animal-bond, the greater are these effects. Animals are able to recognize unconscious human signals and make them visible. This ability can be used in diagnosis and therapy. Significant results were found in reducing anxiety in psychotic and other disorders, and in behavioural therapy, mood disorders and autism.

**Conclusions:** Until now only few well designed studies exist to the subject. But their results should be sufficient to initiate the establishment of animal facilitated therapy in Europe too. Already, therapeutic riding as a supporting measure has long tradition here.

**FREE COMMUNICATION SESSION****FC 13****PUBLIC HEALTH ASPECTS AND PSYCHIATRIC SERVICES****400 - 405****400****EVOLUTION AND STATUS OF CHILD PSYCHIATRIC CONSULTATION /LIAISON SERVICES IN A TERTIARY MEDICAL CENTRE.**

I.H.Vandvik

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**Objective:** To present outlines of the evolution of a child psychiatric consultation/liaison service in a tertiary medical centre with primary focus on historical background, the present structure and professional staffing. Building a partnership between psychiatry and somatic medicine has been described as frustrating, rewarding and as an endless challenge. These challenges and some of the systemic problems arising when two cultures meet in the same arena will be described. Special attention is devoted to some principles appearing to play a major role in the evolutionary process: Breaking into and operating within the already established, developing a common language and specific professional skills.

The conclusion covers a brief discussion of problems associated with scapegoating and "burnout" and how to maintain enthusiasm in the team.

**CHILD AND FAMILY COMMUNITY MENTAL HEALTH SERVICES IN UKRAINE. FIRST STEPS.***A.G. Hodlevsky, MD**Dep. of Psychiatry; Odessa Medical University;  
Youth and Family Social and Psychological Support Agency,  
Odessa, Ukraine.*

Child Mental Health in Ukraine has noticeably got worse during last ten years: the frequency of cases of anxiety disorders, social phobia, depression, PTSD, suicides and behavior disturbance has grown. The results of epidemiological and clinical researches show that their significant reasons are the following: chronic social instability, unexpected getting worse of economic situation of the majority of citizens, growth of frequency of family dysfunction and divorces, family violence and neglect, absence of needed Governmental Reforms in Psychiatry. One of the ways of improvement of mental health may be developing of new system of Community Mental Health Services in Ukraine. It has the most significant orientation on needs of people in the field of mental health, and it is closely connected with activity of other Community-based Mental Health Services. The seven-years experience of activities of Youth and Family Social and Psychological Support Agency of Odessa (NGO) may serve as confirmation of success of this approach in Mental Health. The key to its success lies in decentralized, relatively non-hierarchical organizational structure which allows committed and skilled multidisciplinary teams to work with youth and their families in their community. Partnerships among professionals, patients, families and community agencies result in work that is creative, productive and effective. The development of Community Mental Health Services in Ukraine constantly meets counteraction of the State Medical Administration, their non- understanding and non-trustful attitude to NGO's, Government's corruption and absence of financial support from the Government.

**PROBLEMS OF CHILDREN'S PSYCHIATRY REFORMING IN UKRAINE***N. Kolyadenko**National Medical University, Kiev, Ukraine*

**Objective:** The study was aimed to assess of a level of availability and quality of psychiatric care to children having problems with mental health, and to outline possible ways of its reforming.

**Methods:** 150 persons, professionals and users, answered the specially-designed questionnaire.

**Results:** It was revealed that poor financial and organizational state of specialized children's psychiatric institutions resulted in lowered both quality and availability of qualified psychiatric care to children with mental problems. This is exacerbated by inadequacy of rehabilitation programs and the displacement of priorities towards outpatient psychiatric care which was not duly prepared for the purpose.

**Conclusions:** It appears necessary to develop the children's psychiatric care at every level at the expense of improvement in training highly qualified specialists and in financial supply of children's psychiatry.

**PSYCHIATRIC CONSULTATION TO PEDIATRIC NEUROLOGY***C. Fitzpatrick, M. Anglim**The Children's Hospital, Temple St., Dublin, Ireland*

The Children's Hospital, Temple St., Dublin, provides a national pediatric neurology service receiving secondary and tertiary level referrals from all over Ireland. The neurology team comprises two consultant pediatric neurologists, junior medical staff, a neuropsychologist, two liaison nurses and other paramedical staff. The team works closely with the liaison child mental health team of two consultant child psychiatrists, a social worker, a psychologist and a speech and language therapist.

The psychiatry/neurology consultation service involves two elements:

- 1) a fortnightly liaison meeting of all staff from both services
- 2) direct referrals from neurology to child mental health (approximately 70 per year).

The liaison meeting provides a forum for discussion of the role of psychosocial factors in patients' symptoms and management problems, most of which are dealt with by the neurology team. Direct referrals to the child mental health service fall into two broad categories

- A) children with complex epilepsy whose emotional/behavioral problems are interfering significantly with their lives
- B) children with unusual symptoms where the role of psychosocial factors requires assessment.

These groups will be described in detail.

The complex interplay between organic, pharmacological, social, family and psychological factors in children with neurological problems requires a clearly structured but flexible approach to liaison work. Two case examples will be presented to show this approach in action.

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**PSYCHOPATHOLOGY OF GREEK IMMIGRANTS' CHILDREN FROM THE FORMER USSR COUNTRIES***M. Kolaitis**Department of Child Psychiatry, Medical School, Athens  
University and "Aghia Sophia" Children's Hospital, Athens, Greece*

**Objective:** This study seeks to investigate the psychopathology, school performance and overall functioning of school-aged children of Greek immigrants from the former USSR countries, as well as to compare them with natives.

**Methods:** The two-stage procedure was followed; the first screening phase of a school sample of 527 children living in an area near Athens. The second phase of the more detailed study of 106 children and their families.

**Results:** Immigrant children have lower school performance and exhibit certain emotional symptoms at school when compared with their native counterparts, but overall don't differ in psychopathology and functioning. Immigrant families live under more adverse home circumstances but have better problem-solving skills than natives.

**Conclusions:** This is the first study of mental health problems in immigrant children in Greece. The findings necessitate taking measures for the more successful integration of immigrant children at school.

**ECONOMIC HARDSHIP AND CHILDREN'S PSYCHIATRIC PROBLEMS 405***T. Solantaus, R.-L. Punamaki**Dept of Clinical Medicine/Child psychiatry Helsinki University, POB 280, 00029 HYKS, Dpt of Psychology, Helsinki U*

**Objective:** Finland suffered an extremely difficult economic recession in the early 1990s. The impact of a downfall in family economy on the course of children's internalizing, externalizing symptoms and substance abuse is studied in a follow-up setting. It is expected that previous symptoms make children more vulnerable to family economic hardship and the recovery rate will be affected. We also expect to find differences concerning gender and the type of disorder. Parental mental health before the economic downfall will be controlled.

**Methods:** The children were first surveyed in schools at the age of 8, before the national recession, and again at the age of 12 at the height of the recession. Children, mothers and fathers served as informants. Data from 540 mother-father-child triads will be reported. Children's mental health was surveyed by Rutter A and B scales at Time 1 and by the Achenbach scales at Time 2. Children filled out the Children's Depression Inventory at both points of time. Retrospective data on parental mental health was gathered, and at Time 2, it was measured by the General Health Questionnaire.

**Results and discussion:** The results will be presented and discussed as to their implications to clinical and theoretical understanding of the course of childhood disorders.

**FREE COMMUNICATION SESSION****FC 14****SUICIDE****406 - 408****406****RISK FACTORS IN SERIOUS SUICIDE ATTEMPTS**

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**Objective:** Risk factors information is important for targeting intervention and prevention services. These factors may show local variation. The objective of the study is to explore the associations between a series of sociodemographic factors, childhood and family experiences and mental disorders in suicide-attempters from the region of Piraeus. The joint relationship between these factors and vulnerability to serious suicide attempts was also investigated.

**Method:** The sample consisted of 82 adolescents aged 11 - 17, who were hospitalized in the two General Hospital of Piraeus following a serious suicide attempt. The control group consisted of 107 adolescents from the local community. Semistructured interviews and self-report forms were used for data collection. The psychiatric diagnosis was based on the ICD-10 criteria.

**Results:** A logistic regression model was used. The results indicated a higher rate of sociodemographic disadvantage among the attempters ( $p < .05$ ), an elevated rate of psychiatric morbidity ( $p < .0001$ ) and an elevated rate of adverse childhood experiences ( $p < .0001$ ).

**Conclusion:** These findings suggest that childhood adversity, social disadvantage and psychiatric morbidity make significant contributions, both independently and jointly to the risk of serious attempts in young people. These results are consistent with current views that suicidal behaviors are multicausal in origin.

**Parasuicide, Automutilation and Psychiatric Diagnosis in Adolescent Inpatients**

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**POSTER SYMPOSIUM**

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**MOOD AND AFFECTIVE DISORDERS II**

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**Objective:** Suicidal behavior in adolescence and early adulthood is an important topic in clinical and epidemiological research. Adolescent psychiatric inpatients carry a high risk for suicidal behavior and automutilation, and correlations with psychiatric diagnoses are of therapeutic and preventive interest.

**Method:** Out of 537 consecutively admitted adolescent psychiatric inpatients, two samples of suicidal and non-suicidal subjects (control group) were formed. Symptomatology, psychosocial data, and ICD 10-diagnoses were evaluated in order to identify indicators of high suicidal and automutilative risk.

**Results:** 30.3% of the inpatient adolescents (mean age=16.4 years) showed suicidal or automutilative symptoms before or at admission. The frequency of suicidal behavior was higher among female subjects (65.0%). The most frequent diagnoses were adjustment disorders, emotional disorders, and personality disorders. Automutilation was observed in a subgroup (18.4%) of the sample of patients who manifested suicidal behavior. The main suicidal methods were substance overdose, self cutting, and combined methods. High risk factors for automutilation are sex (female), diagnosis (borderline syndrome) and substance abuse.

**Conclusion:** Suicidal behavior and automutilation are common symptoms in adolescent psychiatry. More specific diagnostic indicators as well as preventive and therapeutic guidelines have to be developed.

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**MEASUREMENT OF PERSONALITY IN ADOLESCENCE : A LONGITUDINAL STUDY OF THE SENSATION SEEKING SCALE (SSS) AND THE TRIDIMENSIONAL PERSONALITY QUESTIONNAIRE (TPQ)**

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**Objective:** The aim of the study was to assess longitudinally in adolescents the psychometric properties of the French abbreviated form of the Sensation Seeking Scale (SSS) (Zuckerman et al, 1978) and the Tridimensional Personality Questionnaire (TPQ) (Cloninger, 1987), and their relationships with depression (Beck Depression Inventory, BDI).

**Methods:** We followed a sample of 278 high school students (mean age, 15.5 years) over a 3-year period (10th to 12th grade). A factorial analysis was used to examine the psychometric properties of the two personality questionnaires.

**Results:** For the SSS, three factors emerged at first evaluation, leading to a revised version for adolescents (SSS-A), and the factorial structure remained stable at assessments the two following years. Two dimensions were similar to the adult version: *Disinhibition* (Dis) and *Thrill and Adventure Seeking* (TAS), the third dimension was *Non-conformism* (NC). For the TPQ, the factorial structure was identical to that of the adult form (which was therefore kept unchanged), and remained stable over time for the three dimensions: *Novelty Seeking* (NS), *Harm avoidance* (HA) and *Reward Dependence* (RD). Comparisons between measures indicated significant correlations: NS was positively correlated with Dis, TAS and NC at all evaluations; HA was negatively correlated with Dis, TAS and NC at the first two evaluations, and positively correlated with BDI at all three evaluations.

**Conclusion:** The SSS-A and the TPQ demonstrated good internal consistency and stability over time in adolescents. The results suggest that the personality dimensions measured with these instruments are already stable in adolescence, an age when seeking new sensations, notably by taking risks or consuming psychoactive substances, is a common behavioral pattern.

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**Depressive Disorders in Childhood**

S. Wrobel, N. Heussen, B. Herpertz-Dahlmann: Department of Child and Adolescent Psychiatry, RWTH Aachen, Neuenhofer Weg 21, D-52074 Aachen

**Objective:** In order to find out whether child psychiatrists are aware of affective disorders in childhood we assessed depressive symptoms in children who sought psychiatric care at an outpatient university clinic.

**Methods:** For a period of 6 months all children aged 8 to 13 years (n = 93) were screened with the „Depressions-Inventar für Kinder und Jugendliche“ (Stiensmeier-Pelster et al. 1989), based on the „Children's Depression Inventory“ (Kovacs 1985). A cut-off score of 60 was chosen to distinguish depressed and non-depressed children. In addition all children were examined by child psychiatrists and diagnosed according to ICD 10. In several cases a child received more than one diagnosis.

**Results:** In a sample of 93 children seen in the outpatient clinic 20 (22%) scored above the cut off point of 60. Only 6 children got a ICD 10-diagnosis referring to depression (conduct disorder with depressive features, F 92). The other diagnoses were emotional and anxiety disorders (F 93, F 41), adjustment disorders (F 43) and attention deficit hyperactivity disorder (F 90). Other diagnoses or no diagnosis were given in six times.

**Conclusions:** Although depressive symptoms do not only occur in depressive disorder, our investigation demonstrates that childhood depression may often be overlooked by clinicians. In addition it should be discussed, whether the classification system of ICD 10 gives attention to developmental aspects of depressive symptomatology in childhood.

**EFFICACY OF RISPERIDONE IN ADOLESCENTS WITH AFFECTIVE DISORDER***C. Medda, A. Zuddas, P. Muglia, M. Pintor, C. Cianchetti**Child Neurology and Psychiatry, Dept Neuroscience, University of Cagliari, Cagliari, Italy.*

**Objective:** More than 20% of patients with bipolar affective disorder have their first episode during adolescence; at this age, psychotic symptoms and rapid cycling are common: association of neuroleptics to mood stabilizers for an extended period of time is often required. Efficacy and safety of the atypical antipsychotic risperidone compared to classical neuroleptics (CN) was studied.

**Methods:** In nine adolescents suffering from bipolar/ schizoaffective disorder, diagnosed with the DSM-IV criteria and K-SADS-PL semi-structured interview and poorly responder to CN, efficacy of risperidone was measured by BPRS scoring. C-GAS was used to assess global functioning. All patients were on mood stabilizers before and during the trial.

**Results:** During acute episodes, risperidone, improved total BPRS scores from 71.1 to 38.5. Continuing risperidone at lower doses after the acute episode, significantly improved global functioning (C-GAS from 30.3 to 54.0). Transient amenorrhea or weight gain were observed as side effects.

**Conclusions:** This open trial suggests that risperidone can be a first-line agent for the treatment of adolescents suffering from bipolar and schizoaffective disorders with psychotic symptoms.

**DIFFERENT VIEWS ON DEPRESSIVE SYMPTOMS***M. Ahlé, S. Winter, U. Spät, U. Lehmkuhl**Clinic of Child and Adolescent Psychiatry, Psychosomatic and Psychotherapy, Humboldt University, Charité CVK, Platanenallee 23, D- 14050 Berlin*

**Objective:** Depression in children or adolescents can present with a great variety of symptoms. This leads to various classification problems.

**Methods:**

- 1) A total of 230 clinic-referred children were examined between 1994 and 1998.
- 2) Each patient was classified with one diagnosis (ICD-10) and the psychopathological assessment (Lehmkuhl et al. 1991).
- 3) The children and adolescents were screened with three questionnaires: Depression Test for Children (DTK, Rossmann, 1993), Depression Inventory for Children and Adolescents (DIKJ, Stiensmeier-Pelster et al. 1989) and Youth-Self-Report (Achenbach, 1991).
- 4) The external ratings were operationalized by the Child Behavior Checklist (Achenbach, 1991) and Teacher's Report Form (Achenbach, 1991).

**Results:** High correlations between self-report and external ratings were only found in the adolescents. Unexpectedly the younger children assessed themselves as more depressive than their parents, teachers and experts did.

**Conclusions:** In order to classify depressive symptoms correctly it is necessary to include and compare all possible sources. The importance of including the self-report of children and adolescents was shown by the analysis of the standardized instruments.

**SLEEP DEPRIVATION IN COMBINATION WITH ANTIDEPRESSANTS***M. Rieger, A. Althoff**Rottmannshöhe, Department of Adolescent Psychiatry of Heckscher-Klinik Munich, D-82335 Berg, Germany*

**Objective:** There's a lack in studies evaluating the effectiveness of sleep deprivation in adolescents. Thus, we investigated whether there was a beneficial effect of sleep deprivation in addition to antidepressive medication in adolescents with depressive disorders.

**Methods:** Using a retrospective design we evaluated the clinical course of 10 in-patient adolescents with depressive disorders. All patients received antidepressive drugs and partial sleep deprivation. Patients with simultaneous begin of antidepressive medication and sleep deprivation as well as patients with antidepressive medication and consecutive begin of sleep deprivation were included in the study. Partial sleep deprivation was applied three times a week. Outcome and effectiveness were rated independently by two investigators. In addition self-rating was done by the patients.

**Results:** The additional use of sleep deprivation leads to a beneficial effect in most patients with moderate and severe depressive disorders. The patients were compliant with the therapeutic approaches. No patient rejected the partial sleep deprivation therapy.

**Conclusion:** The application of repeated sleep deprivation in combination with antidepressive medication is a useful therapeutic approach in adolescents with depressive disorders. Additional sleep deprivation may be a helpful tool particularly in patients with no sufficient response to antidepressive medication.

**THE CHILDREN'S DEPRESSION INVENTORY AND ADOLESCENT HIGH RISK POPULATION***J.R. Gutiérrez, A. Pérez, R. Gallardo, J. Busto, P. Calderón, I. Gálvez, T. Alcaina.**Child Psychiatric Unit. Hospital Infanta Cristina. Badajoz. Spain.*

**Objectives:** To study the utility of CDI to detect adolescent high risk population in a general sample and evaluate the utility of the CDI standard cut-off point value ( $\geq 17$ ) for this purpose.

**Methods:** We study a general adolescent sample (1099 adolescents from 13 to 16 years old), 581 girls and 518 boys, and we obtain:

1. The CDI values in the global sample.
2. The correlations between the CDI values and the results of a semi-structured interview in a 171 patients sample.

**Results:** The girls sample have bigger CDI values ( $11.988 \pm 5.8083$ ) than the boys sample ( $10.61 \pm 5.1359$ ). The mean global CDI values increase with age:  $10.6577 \pm 5.3276$  in the 13 year olds sample ( $N=482$ );  $11.3775 \pm 5.6471$  in the 14 year olds sample ( $N=400$ );  $12.6247 \pm 5.0318$  in the 15 year olds sample ( $N=154$ );  $13.7419 \pm 6.536$  in the 16 year olds sample ( $N=62$ ). These differences have statistic significance.

**Conclusions:** In function with the results of our study we propose to use different cut-off point values in relation with the sex and age samples.

**PSYCHOTIC FEATURES, AFFECTIVE SYNDROMES IN ADOLESCENTS AND PROGNOSIS (TEN YEARS FOLLOW-UP)**  
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 Child and Adolescent Psychiatry Department, "AI. OBRÉGIA" Hospital  
 Sos. Berceni Nr.10, Sector 4, Bucharest, ROMANIA

**Objective:** The authors goal was to identify which are the predictive factors of the course towards schizophrenia or affective illness of the first psychotic episod in adolescence.

**Method:** The study included 82 subjects 12-17 years old (43 male and 39 female), hospitalised at the Child and Adolescent Psychiatry Department. At the intake subjects presented hallucination and/or delusion with or without affective symptoms. We used for the assessment of symptoms at the onset K-SADS and GAFS and for the outcome SADS and GAFS. After ten years follow-up used DSM-III-R and DSM-IV criteria were found 50 subjects with Bipolar Disorders, 23 subjects with Schizophrenia and 9 with Schizo-affective Disorders. The relations between 32 independent variables (socio-demographic, K-SADS scores, evolutive aspects) and outcome criteria (DSM diagnosis and GAFS) were statistical analysed.

**Results:** From all variables only 7 had prognostic significance (6 were K-SADS symptom scores and 1 was an evolutive aspect).

**Conclusions:** Predictive value for the course towards Schizophrenia were high K-SADS scores for : hallucinations, multiple delusions, bizarreness of delusional content, depersonalization or derealization; for the course towards Bipolar Disorders were high K-SADS scores for : mania and depressed mood. The 7th variable was the number of hospitalisations at the onset, which was predictive for Schizophrenia.

**Key words:** psychosis, adolescence.

## MOOD, LATITUDE AND SEASONALITY AMONG ADOLESCENTS

**A. Sourander, M. Koskelainen**  
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**Objective:** To examine the effect of sex, latitude and behavior problems on symptoms related to pediatric seasonal affective disorder among 7th and 9th graders.

**Method:** A school survey including a modified version of the Seasonal Pattern Assessment Questionnaire was carried out in two Finnish cities located in the 60th and 67th northern latitude. Altogether 1458 questionnaires were analyzed, representing 89% of the target population.

**Results:** Seasonal changes in mood and behavior are commonly reported among 7th and 9th graders. A high level on the Global Seasonality Score (>95th percentile) was associated with female gender, emotional and hyperactivity symptoms. Girls living in the 67th latitude reported more seasonal distress than girls living at the 60th latitude during February and March.

**Conclusions:** It is important to recognize pediatric SAD and related problems among adolescents. Seasonal alterations in child and adolescent behavior are not well understood and need to be investigated more thoroughly.

## 414 MELANCHOLY IN ADOLESCENCE IN THE PAINTINGS OF THE 16TH CENTURY 416

**B. Lo Balbo, M. Roccella\***

*Faculty of Architecture - \*Department of Psychology, Palermo University, Italy*

**Objective:** To evaluate the representation of adolescents suffering from melancholy in the 16th century iconography. **Methods:** The main authors who represented the melancholic type in this period were reviewed. **Results and Conclusions:** The iconographic typology of melancholy in the 16th century painting has Dure as its initiator - in 1514 he made the well-known engraving "Melancholy I". Durer's melancholy has been interpreted in many different ways: as the expression of the interior trouble typical of the artistic research and of the artist's desolate awareness that he will never get to know the good and the truth through his art; as the consequence of a cognitive experimentalism linked to the alchemic tradition, of which the great artist, through his rational and spiritual research could therefore reach the divine knowledge, which unifies matter and spirit. The melancholic type is described with a dark face, looking downward, sad with no reason or sometimes excessively cheerful - today these manifestations can be connected to the psychotic or cyclothimic syndrome. The clenched fist, one of the elements characterizing Durer's allegory, which up to that time had been a sign of the disease, would now symbolize the concentration of the mind, scanning and enquiring to get the core of the cognitive problem. From Durer onward melancholy has been represented as a female figure, lonely with a sort of passional sentimentalism. Afterwards the Italian art of the 16th century stressed the subjective and poetic notion of melancholy associated with the theme of vanity, that is with a consideration on the theme of death. Melancholy was therefore represented as a woman meditating on her knees. The female figure is accompanied by a closed book, mathematic or artistic instruments, a skull to stress the fact that all human intellectual, artistic activities but also the pleasures of life are vain and ephemeral. In this period the iconography of Magdalene is often associated to the melancholic meditative attitude. The theme of the melancholic contemplation of sin takes shape and Magdalene reminds of the sinful idea of sexual excess. In this period the mental disorder is considered as a disorder of the imagination, which puts the lunatic and the lover on a par (see Shakespeare). The theme of love madness, dealt with in poetry, reaches its own openly medical meaning, the negative aspects of which are emphasized in the 16th century culture, by the condemnation of the religious authorities.

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## THE FIGURES OF CHILDREN AND ADOLESCENTS AFFECTED BY PSYCHOSIS IN THE EX-VOTOS PAINTED IN THE 17TH CENTURY

**M. Roccella, B. Lo Balbo\***

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*\*Faculty of Architecture, University of Palermo, Italy*

**Objective:** To evaluate the figures of subjects suffering from psychosis in the age of development in the ex-votos painted in the 17th century.

**Methods:** The authors examined ten 17th century votive tables, kept in some sanctuaries of Palermo province, showing subjects in the age of development affected by psychiatric diseases. In each tablet the authors examined the setting, the presence of either a priest or a doctor, the presence of elements which determining the event shown and the therapeutic treatment.

**Results:** The cases of "satanic possession" - that is how the psychiatric disease is usually represented - are pretty well-documented in the tablets, so that they can be considered some kind of wide-spread disease. Unlike other pathologies, which were not made known and were kept secret, the cause of the disease is explicitly expressed. Sometimes it may not be psychosis, but epilepsy. Only in a few cases is a priest present - this is usually a member of the family, who, by calling for the divine help, heals the sick. The subject is represented with fiends or bats coming out his/her mouth. In some cases the bed or the cradle seem to be hanging from the ceiling - this could be related either to the artist's creative naivety or to the infectiousness of the disease. The illness does not force the worshipper to stay in bed; he is therefore represented in a way which allows indicating the conventional aspects of the disease and setting the scene in the most intimate part of the house, where the patient was usually kept. The interiors of the house, both urban and rural, are accurately described, especially those elements concerning the private life, such as the devotion to a Saint or to the Virgin Mary: walls covered by holy pictures, statues of saints on chests of drawers. The Saint or the Virgin Mary are represented half-length while blessing.

**Conclusions:** Ex-votos are like tesserae of mosaic to which the community of worshippers has entrusted its need to testify the hope or the certainty of the intervention of the miraculous in history (Lombardi Satriani, 1998). The votive tablet is acknowledged both as a document of everyday history and as a means of communication used to pass on dramatic stories, social hardships, isolation (Tripputi, 1995).

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**POSTER SYMPOSIUM****PS 14****TREATMENT PROGRAMMES AND  
EVALUATION****418 - 424****LISTE - (List of individual symptoms for therapy  
evaluation): An efficient method for therapy evaluation***Mattejat, F., Quaschner, K., Hirsch, O., König, U., Remschmidt, H.  
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As an essential part of quality development and assurance in child and adolescent psychiatry, the therapies should be evaluated in a systematic way. Besides the assessment of consumer satisfaction therapy evaluation should rely mainly on measures, in which therapy outcome is assessed objectively and in an unbiased, interindividual reliable and valid way. Instruments for the assessment of objective therapy outcome imply several problems: Many instruments are not adequate for all diagnostic groups; furthermore many instruments are very time-consuming and expensive. In the poster a new method is presented, which is useful to assess objective therapy outcome and which has the following main characteristics: The therapy outcome is assessed individually: For each patient a individual list of symptoms is formulated; this list is used in interviews at the end of treatment and at follow up; for each patient, the therapy outcome can be calculated as percentage of symptoms which are reduced; in this way the results of different patients can be compared. The application of the method needs not much time, i.e. the method is not expensive. In the poster, the LISTE-methodology is explained, together with some examples and empirical data from a inpatient sample.

**GROUP THERAPY: EVALUATION BY VISUALIZATION 419***M. Welke, S. Winter, M. Völger**Clinic of Child and Adolescent Psychiatry, Psychosomatic and Psychotherapy, Humboldt University, Charité CVK, Platanenallee 23, D- 14050 Berlin, Director: Prof. Dr. U. Lehmkuhl*

**Objective:** Group therapy of children is a major part of inpatient treatment in child and adolescent psychotherapy. There is a lack of concepts and methods to investigate group psychotherapy.

**Methods:** Therapists trained in Operationalized Psychodynamic Diagnostic (OPD, 1997) rated the relationship between single patients, therapists and the groupself (Bion, 1974) immediately after group therapy sessions. Data were analyzed by Formal Concept Analysis (FCA, 1982). A 15 x 30 matrix is consisting of 15 objects (patients, therapists and the groupself) and 30 attributes (the items of OPD – Axis II).

**Results:** FCA results in diagrams which represents the objects and the attributes as points in the plane connected by lines showing the hierarchy of relations. The diagram is an isomorphic representation of micro processes leading to visualization of longitudinal data. The hierarchy of relations contains important clinical information.

**Conclusions:** We demonstrate a new way to evaluate group psychotherapy. Especially the visualization of OPD – data leads to relevant clinical information. Further research in this field is necessary to understand the links and the process of change in therapeutic groups with children.

**418****420****HOSPITAL TREATMENT OF CHILD PSYCHIATRIC DISORDERS***Koskinen M, Tolsa-Saloheimo R, Ebeling H, Moilanen I, Järvelin MR, Joukamaa M. Departments of Child Psychiatry, Psychiatry and Public Health, University of Oulu, Dept. of Epidemiology and Public Health Imperial College School of Medicine London, UK*

**Objective:** We aimed to find out the use of hospital care because of psychiatric reasons during childhood and adolescence and thereby to estimate the incidence of childhood psychiatric disorders.

**Methods:** This study forms a part of the Northern Finland Birth cohort, which (N=12058) covers 96% of all children born in the two northernmost provinces of Finland in 1966. Of these children we gathered all those who had got a psychiatric or psychosomatic diagnosis at hospital treatment by 18 years of age (N=225). The data was gathered from Finnish Hospital Discharge Register. The hospital diagnoses were validated according to the ICD 10- and the DSM IV- diagnostic systems. The final diagnoses are considered to define the mental disorders of these patients.

**Results:** Altogether 116 boys and 109 girls got at least one psychiatric diagnosis. The incidence proportion of all hospital treated child psychiatric disorders was 1.8 % ( $\pm 0.2$ ) The mean age when first hospitalised was 10.5 years. The most common disorders were different kinds of internalising disorders, enuresis, somatoform disorders and psychosomatic complaints. Over half of the treatment periods took place in paediatric hospital wards and only one fourth in child psychiatric wards.

**Discussion:** There was no gender difference in the prevalence of hospital treated child psychiatric disorders.

## WORK OF A LIASON TEAM

*F. Santos, P. Pires, S. Farinha, J. Pombo, A. Trigueiros, L. Brito*  
*Hospital D. Estefânia-Dep. de Pedopsiquiatria Equipa de Ligação*

**Objectives:** The work of a Liason Child and Adolescent Psychiatry team consists of an organized intervention, along with Pediatrics, in a global vision of the child, paying special attention to the organic, psychic and social-familial aspects for an articulated diagnostic and therapy.

The authors evaluate the last two years of clinical work by the Liason Child and Adolescent Psychiatry team of the pediatric hospital Hospital Pediátrico D. Estefânia.

**Methods:** Creation and analysis of the clinical form in every first instance (n=425) referred by the Liason Child and Adolescent Psychiatry team in the years 1997 and 1998.

**Results:** The results related to the reason for the request, diagnosis, therapeutical intervention, and evolution are evaluated. It was ascertained that most diagnosis requests are related to behavior disorders. The most frequent nosological diagnosis (DSM IV) is: Behavior disorders. The Therapeutical Intervention most carried out was the Crisis intervention. The cases orientation has been carried out in strict articulation with other Institutions.

**Discussion:** We emphasize the importance of filling out a clinical form as an evaluation factor of the quality of the services rendered in the area of Mental Health. From it we defined intervention priorities, paying more attention to certain services, and established protocols and maintained a permanent communication with all of the technicians involved.

We consider of the utmost importance, in this Liason work, the multidisciplinarity, and articulation among the different professionals involved.

#### 421 The organization of the rehabilitation process in the residential home for children and adolescents „Leppermühle“.

*Mattejat, E., Werner, W., Martin, M.*  
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The residential home for children and adolescents „Leppermühle“ in Buseck near Giessen, Germany is an institution which focuses mainly on the rehabilitation of psychiatrically ill children and adolescents. The main emphasis is on the rehabilitation of adolescents with chronic schizophrenia. Treatment comprises medication, psychotherapy including behavior modification methods, general care and physical therapy, educational guidance with training of social skills, school attendance and occupational rehabilitation. The poster gives an overview of the main components of the rehabilitation programme, concentrating on the cooperation of different professions and decision-making processes.

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#### FAMILY WARD: A NEW THERAPEUTIC APPROACH

*T. Tamminen, P. Kaukonen*  
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*Child Psychiatry,*  
*Box 607, Fin-33101 Tampere, Finland*

**Introduction:** Five years ago we started a new integrated evaluation and intervention program for families with small children by opening a family ward at Tampere University Hospital. The treatment model is based on systems and psychoanalytical theories, and behavioral approach is also applied in functional sessions at the ward.

**Treatment model:** A centerpiece of the model is a 3-week treatment period for the whole family at the day ward. The work of the multidisciplinary team focuses on family relationship, both on representational, and on concrete behavioral levels. Interaction and relationship are used as tools to understand and intervene. The staff works in pairs, like couples, at all levels, and reflective double teams are used. A circular process of two-way feedback discussions join the family and the staff to share every day interaction and representational understanding of the strengths and problems of the family.

**Conclusion:** So far, we have had 165 treatment periods for 113 different families. In 63 % of the total treatment periods one or both parents have been suffering from mental illness and in 15 % parents have had a severe custody dispute after divorce and allegations of sexual abuse of a child. However, families have been strongly motivated to work for jointly agreed therapeutical changes and preset objectives. From child's viewpoint it is too early to evaluate the effectiveness of this treatment model, but preliminary results are encouraging.

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#### Personality Traits And Social Adjustment Before & After Psychodrama Sessions In Adolescent Girls

*S. Taneli, G. Gündüz, Y. Taneli, G. Mutlu*

*Uludağ University, Medical Faculty, Dept. of Child and Adolescent Psychiatry,*  
*TR-16059 Bursa, Turkey.*

**Objective:** Our aim was to compare personality traits and social adjustment of adolescent girls before & after psychodrama sessions.

**Methods:** All 43 healthy girls aged 12-18 from a foster home were randomly sampled in two groups: 20 girls participated in 8 psychodrama sessions and 23 girls formed the control group. Kovacs's Depression Scale for children, State-Trait-Anxiety-Inventory (STAI), UCLA Loneliness Scale, Brief Symptom Inventory (BSI), Offer Self Image (OSI) and Multidimensional Scale of Percieved Social Support (MSPSS) were performed before and after psychodrama series.

**Results:** Before psychodrama 18.6% depression scores, 62.8% state anxiety and 51.2% trait anxiety scores were clinically significant. 51% UCLA Loneliness scores were above mean. BSI mean scores for anxiety, negative self and hostility were subnormal but for depression and somatisation were above normal.

After psychodrama sessions depression, state anxiety ( $p < .05$ ), trait anxiety, negative self and hostility ( $p < .05$ ) scores were lower than the scores of the control group. Most of the OSI scores increased. The shift in MSPSS scores was not significant.

**Conclusions:** According to our data we suggest that children and adolescents living in foster homes are likely to benefit from group therapies and may need counseling while they live in as well as after they leave the institutions.

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**POSTER SYMPOSIUM****PS 15****PREVENTION AND HEALTH CARE****425 - 433****EARLY PROMOTION IN PRIMARY HEALTH CARE - A PROJECT IN NORTHERN FINLAND****426**Kurki P-L, Ebeling H, Moilanen I.  
Clinic of Child Psychiatry, Dept. Pediatrics, Univ. Oulu, Finland**Introduction:** Discrepancy between needs and resources of treatment services in child mental health care requires strategies to prevent problems and intervene early and effectively.**Objective:** In this project the child's mental health is promoted by training primary health care nurses (PHCN) to support the parents in early relationship with the baby.**Method:** In the Province of Oulu 24 PHCNs will be trained in the basic skills of effective parent counselling in 1998-2001. Each trainee will work with 5-10 high need families for two years.

Multidisciplinary evaluation project will cover the contentment of the families and nurses, and the applicability of the training program in the circumstances of low population density and long distances.

**Results:** The attitudes of the trainees are very encouraging: they are satisfied and have experienced the course useful to every-day practise. The course has added their confidence and increased their knowledge and skills. The longstanding outcomes of the project will be evaluated during the following years.**Conclusions:** If the results of this project are promising the training method will be disseminated in other provinces of Finland and integrated as fundamental and complementary education of PHCN:s.**References:**

Davis H, Cox A, Day C, Ispanovic-Radojkovic V, Layiou-Lignos E, Puura K, Tsiantis J, Tamminen T, Turunen M-M (1997) : Early Promotion Project, Primary Health Care Worker Training Manual. Bloomfield Centre, Guy's Hospital, London SE1 9RT.

**425****CIGARETTE SMOKING IN GREEK CHILDREN AND ADOLESCENTS: BEHAVIOURS, ATTITUDES, AND RISK FACTORS**K. Francis, G. Katsani, X. Sotiropoulou, C. Roussos, A. Roussos  
Attiki Child Psychiatric Hospital, Department Clinical Care  
Medicine of Athens University, 104-43 Athens, Greece**Objective:** The main purpose of this survey was to create a database about children's and adolescents' smoking behaviour, attitudes towards smoking, awareness of health issues and the impact of smoking advertising. We also aimed at correlating the above parameters with profiles of competencies and behavioural problems provided by the Achenbach Youth Self Report and the Teachers Report Form. This database will help in planning comprehensive prevention programs, in the second phase of our project.**Method :** A special smoking questionnaire, adjusted for age, developed by our team, the Youth Self Report (high schools) and Teacher's Report Form (primary schools), were administrated to a Greek, national, representative, school based community sample. The sample, which came from 80 schools, consisted of 500 subjects for each of the six grades of primary school and 700 subjects for each of the six grades of high school. The questionnaires were filled out in the presence of the research team in the schools, which ensured almost 100% return rate. In addition children in 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> grade were asked to draw pictures about smoking, following specific instructions**Results:** We are presenting the results of this survey.**427****Prevention of social - emotional difficulties in young children with neurological problems**Svyatoslav Dovbnya, Tatiana Morozova  
St. Petersburg Early Intervention Institute, St. Petersburg, Russia**Objective:** Understanding of possible ways working with families of young children having neurological disorders.**Methods:** We used different methods: scales of child development (KID, CDI), Child Behavior Check List - (CBCL/2-3), Family Upbringing Styles Check List, Methods of Neuroimaging (CT, MRI, brain ultrasound), results of professional assessment by psychologist and neurologist.**Results:** According to our observation, the main style of upbringing in families, having children with neurological disorders (Hydrocephaly, Malformations, Cysts etc.), even if the child has no developmental delay, is hiperprotection. As the result, the child may have some delays in social area of development (according to the results of KID, CDI scales) and emotional problems (according to the results of CBCL/2-3). Parents have a tendency to estimate ordinary age manifestation (tantrums, stubborn, etc.) of their children as symptoms of neurological diseases. Parents try to decrease social and exploratory activity of a child. High level of parental control make difficulties for the child to develop his (her) self-control.**Conclusions:** We think, that joint work, carried by neurologist and psychologist, is very important in such cases. It may prevent social - emotional difficulties in young children.

## VOLUNTEERS AND CHILD MENTAL HEALTH

*A. Mikuš Kos**WHO Collaborating Center for Child and Adolescents Mental Health, Ljubljana, Slovenia*

**Social background:** The experience of some countries show that lay persons acting as volunteers can be a substantial resource for prevention in child mental health.

**Theoretical premises:** The systemic ecosocial paradigm, the concept of protective factors and processes, the role of the social network, the importance of good psychosocial functioning and self-esteem, the healing role of positive experience and activities. Volunteers enter in the child's life system as protective agents.

**The author's experience:** is based on collaboration with volunteers in the treatment of clients of a mental health center for children and work with refugee children from Bosnia and Herzegovina. Both activities proved that volunteers can be efficient helpers. In order to guarantee the quality standards of volunteers' work, they should be trained, and their work should be monitored.

**Implications for the theory and for the practice:** Research is needed to demonstrate the impact of volunteers on child mental health and the cost-benefit ratio of volunteers' activities. Recognizing volunteers as potential efficient helpers can enlarge the frame of available support for children in need and increase the number of children receiving help.

## 428 NEW ORGANIZING PRINCIPLES OF THE SOCIAL-MEDICAL-PSYCHOLOGICAL AID FOR CHILDREN 430

*Nina M. Iovchuk**Independent Association of Child Psychiatrists and Psychologists. 23, 18/15, Gruzinsky val, Moscow, 123056, Russia.*

At last decade in Russia many correctional schools and centers were founding because of high increase of prevalence of disadaptation among children and adolescents caused by many social-psychological factors, including the school training disintegration. The foundation of such centers was mainly spontaneous within narrow framework of different departments (education, health service, social aid), without any appropriate scientific and methodological basis. Centers were not well staffed by skilled specialists which had the interdisciplinary interactions experience. These factors resulted in decrease of an overall efficiency, i.e. such centers are not capable to realize their main goal - to facilitate both the prevention of child social disadaptation and the rehabilitation of disabled children.

If to proceed from to analyzes of the experience of an activities of different correctional centers, the following basic principles for the children's social-medical-psychological aid must be developed: interdisciplinary and interdepartmental interaction, priority of preventive measures, integration, rehabilitational (instead of readaptational) methods of correction, dynamic follow-up, development the methods for the estimation of an overall efficiency of centers, proper scientific researches of high risk groups, development the interdisciplinary approaches to preventive measures and correction of various forms of school and social disadaptation, particular attention to specific regional features (social-economic, demographical, national, language, cultural, ecological, etc.).

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## PREOPERATIONAL PSYCHOLOGICAL PREPARATION AND PAIN CONTROL FOR CHILDREN

*V. Chantzara, D. Arvanitis, T. Korpa, M. Fotaki, E. Riga, L. Zaharakis, J. Tsiantis**Athens University Medical School, Department of Child Psychiatry, Aghia Sophia Children's Hospital, Goudi, Athens*

**Objective:** Preoperative emotional stress is common to children and their families. The psychological implications of surgery may be acute (eg. separation anxiety, fear of disfigurement) or long-lasting (e.g. general regression, enuresis recurrence, sleeping and eating disorders). Pain also reflects emotionally on the child. We hypothesize that reducing pain and involving the child and his family in an active preoperative preparation program, they would portray a better postoperative emotional and behavioural image.

**Method.** We are studying 120 children (4-14 yrs) undergoing simple one-day surgery. Sixty (60) of them are being actively prepared for the situation by playing a doctor-patient game, using animal and medical toys. They therefore have the opportunity to express their feelings and receive answers to their questions about surgery. Pain control is also given by EMLA. The control group consists of sixty children of the same age who do not undergo the above preparation.

**Results:** Results obtained from 75 children and their families who have already been studied, are indicating to have better postoperative behaviour, two weeks after discharge.

**Conclusions:** Programs offering active psychological preparation and pain control for children undergoing surgery, are contributing to the prevention of postoperative psychological complications.

## A TRAINING PROGRAM IN CHILD MENTAL HEALTH FOR MIGRANT FAMILIES

*T. Akkaya, M.H. Friedrich**Department of Neuropsychiatry for Childhood and Adolescence, University of Vienna, Währinger Gürtel 18-20, 1090 Vienna, Austria*

**Objective:** We experienced in our Department of Neuropsychiatry for Childhood and Adolescence that migrant families come very often late for a therapy.

We hypothesise that there are several reasons for this attitude such as lack of information about child psychiatry clinics, about normal development of child, psychiatric problems, and fear of psychiatric clinic, language and cultural barriers.

We also hypothesise that migrant families will change their attitude, if they get a training program in child mental health.

**Methods:** For this purpose we made a training program in migrant's organisations and evaluate our observations and experiences.

**Results:** The number of migrant families who referred to our department earlier than they used to do increased three times. We also observed an increase of compliance of migrant families and a decrease of barriers between these families and child psychiatric clinics.

**Conclusion:** Training programs in child mental health for migrant families increase the consciousness of people about mental health and effectiveness of therapy.

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**A NETWORK OF PSYCHIATRIC AND SOCIAL SERVICES FOR CHILDREN**

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*G. Abatzoglou, E. Eleftheriou, E. Athanassopoulou, S. Kamalaidou, N. Ziliakis*  
Child-Adolescent Unit, 3<sup>rd</sup> Psychiatric Department, Aristotle University of Thessaloniki, AHEPA General Hospital, 54636 Thessaloniki, Greece.

**Objective:** Development of a network of systematic cooperation between child psychiatric and social services working with children and families with serious psycho-social problems.

**Method:** A clinical research project was elaborated viewing at establishing a close collaboration between our Unit and various social services of child welfare and protection. The aim of this project is multiple: a. sensitisation of social services professionals on the psychological/psychiatric aspects of "social cases" b. creating a framework of multidisciplinary cooperation as a prerequisite for any therapeutic approach c. setting up the conditions for early preventive intervention where indicated. The first three years of the project's functioning are examined through a review of referrals, case characteristics, interventions and outcome.

**Results:** Most of the existing social services for children and adolescents of Thessaloniki responded positively to this initiative, and progressively our cooperation took a regular and systematic character: monthly institutional meetings, weekly collaboration with each service, structured procedures of referral, and a community based consultation. We examine the features and evolution of the first 80 referrals. 45% were children of pre-school age, 40% of school age and 15% adolescents. In about half of the cases, together with the psycho-social problems, there was evidence of psychiatric morbidity in the child and/or the family. Specific needs emerge with adoption/foster families calling for adapted interventions. Experience to this moment shows that this kind of combined action is more effective in cases of younger children (e.g. avoiding solutions of chronic institutional placement).

**Conclusions:** This first experience of such a coordinated action in this field makes proof of positive effects both on institutional functioning and the children's destiny. Specific planning seems to be necessary for the needs of adolescents as the existing network is far from being sufficient.

**POSTER SYMPOSIUM**

PS 16

**OBSESSIVE-COMPULSIVE AND ANXIETY DISORDERS**

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**COMMUNITY MENTAL HEALTH CARE AND EARLY ONSET PSYCHOSES**

*S. Popović-Deušić, A. Vuletić-Peco, V. Ispanović-Radojković*  
Institute for Mental Health, Belgrade University School of Medicine, Belgrade, Yugoslavia.

**Objective:** The concept of community mental health care was established by the Institute for Mental Health in Belgrade in 1973, with the intention to act preventively and therapeutically through environmental factors. We want to show the model of community mental health care for children on the territory of Stari Grad Commune in Belgrade, and possibilities for detection and protection of psychotic children.

**Methods:** Well established team work is carried out by the implementation of measures for primary, secondary and tertiary prevention of mental health of children. By measures of primary prevention we increase the general knowledge on mental health, on normal and abnormal childhood and adolescence. Such activities are being developed mostly at a) nursery schools b) primary and secondary schools - through lectures, team work of professional involved and individual or group counselling. On that way we alleviate the recognition of abnormalities during developmental period, what helps to recognise children with problems (early onset psychoses) on time, and to apply methods of secondary prevention (through outpatient clinic, day hospital, home care and hospitalisation).

**Results:** During the 10 year period due to early detection and team work-20 children with early onset psychoses were included into the primary school which exists within the Day Hospital for Children in the Institute for Mental Health. That is approximately 1% of all registered and treated children from this certain territory.

**Conclusions:** Though the children with early onset psychoses have poor prognosis, with comprehensive methods of community mental health care they have much better quality of life.

**OBSESSIVE ADOLESCENTS WITH SERTRALINE GROWING-UP: A 3-5 YEARS FOLLOW-UP.**

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Child and Adolescent Psychiatry, Regional Health Service, Madrid, Spain.

Some studies have revealed that short-time treatment with sertraline (STL) is effective for the treatment of obsessive compulsive disorder (OCD) in children and adolescents.

**Objective:** The long-term clinical efficacy of STL for adolescents with OCD is examined after a short-term good response.

**Method:** The patients (3 of them female and 5 male) were between 12 and 17 years old at the beginning of STL treatment. Safety and efficacy were measured 3-5 years later. The severity is measured with OC-NIMH Scale and self-report Leyton-20 questionnaire.

**Results:** Administration of STL was begun at 50-200 mg/day, with maintenance dose of 50-150 mg/day during the first year, and 25-75 mg/day during the long-term treatment. Seven patients responded adequately to STL for more than six months; a girl, aged 16, require discontinuation of STL because of untoward effects. Six months later improvement scores with OC-NIMH and Leyton-20 rated near the 50%; and has been maintained 3-5 years later in the six cases under treatment; with OCD in partial or full remission. The seven patients with STL they had not suffer untoward effects or mild side-effect.

**Discussion:** Favorable long-term results are observed either in adolescents who received STL and cognitive therapy or those with STL as main treatment without any structured psychotherapy.

# **SPECIFICITY AND SENSIVITY OF THE LEYTON-CV SURVEY IN A GREEK POPULATION**

A. Roussos, K. Francis, A. Koumoula, S. Karajianni, T.Kiriakidou, H.kabakos, C. Richardson  
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**Objective:** To evaluate the sensitivity and specificity of the Leyton-CV survey, a 20 item questionnaire as a screening tool for Obsessive Compulsive Disorder(OCD) in adolescents.

**Methods:** The Leyton-CV survey was administrated in the whole jounior and senior high school population (No 543), of the Greek island of Santorini. The questionnaires were answered in the schools, in the presence of the research team. 74 adolescents whose symptom, interference or total score was in the upper 20%, as well as 50 adolescents with low scores, were interviewed by a team of Child Psychiatrists with the SADS-LA-IV, Revised for use in the OCD Family Study of the Johns Hopkins School of Medicine. The interviewers were blind to the results on the Leyton-CV survey.

**Results:** We correlated the Leyton-CV results with the SADS-LA-IV derived diagnoses of OCD and OCS. The sensitivity of the scale was found to be for OCD and OCS together 75% while the specificity was 93,8%. Based on the above, we calculated the prevalence of OCD and OCS for this population and defined the cut-off points on the Leyton-CV scale. We finally propose the items with the highest specificity for OCD.

# **STANDARDISATION OF THE LEYTON-CV SURVEY AND AN EPIDEMIOLOGICAL STUDY FOR OCD IN GREEK CHILDREN**

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Attiki Child Psychiatry Hospital, 115-25 Athens, Greece

**Objective:** The objective of this research was to standardise the Leyton-CV survey, a 20 item questionnaire for Obsessive Compulsive Disorder, for Greek children and adolescent and provide epidemiological data for OCD in Greece.

**Method:** The Leyton-CV survey was administrated to a Greek, national, representative, school based community sample of 2.500, 11-18 years old children and adolescents. It was filled out in the presence of the research team in the schools. thus ensuring an almost 100% return rate.

**Results:** We present data on the distribution of the positive answers to the 20 questions in the general population, as well as by sex and age. We calculated the level of interference for each item in relationship to the frequency of the positive answers. We correlated the total score with the problem and the interference score with the purpose of defining the relative contribution of each score to the total score. We applied the results of another project defining the specificity and sensitivity of the Leyton-CV for a Greek population for the establishment of the cut-off points and the prevalence of OCD in Greece. We also propose the items with the highest specificity for OCD.

# **435 CITALOPRAM TREATMENT OF OCD IN CHILDREN AND ADOLESCENTS**

Sy. Stambolova, A. Slavtchev, Z. Michailova  
Child and Adolescent Psychiatric Clinic  
University of Medicine - Sofia

**Objective:** Assessment of the clinical efficacy and side effects of Citalopram in the treatment of obsessive-compulsive disorders (OCD) in children and adolescents.

**Method:** Fifteen patients with OCD assessed through Y-BOCS and SGI have been treated with 10-40mg of Citalopram per day for 10 weeks after a three-week period of gradual increasing of doses.

**Results:** An obvious improvement was registered in almost all patients - 10 patients had 20%-50% reduction of OCD symptoms and 5 patients - more than 50%. Side effects were minor and transient.

**Conclusions:** Our preliminary findings suggest that Citalopram is effective and well tolerated in doses of 10-40mg per day in children and adolescents with OCD.

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# **VARIANT OF PHOBIC SYNDROM WITH CHILD AGGRESSIVE BEHAVIOUR**

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Special variant of phobic syndrom in children is fear of school that accomponied with obvious school disadoption and bad academic progress. The syndrom of fear is rather spreaded nowadays.

76 primary pupils of secondary school with school phobia and aggressive behaviour were examined with clinical, psychological and neuropsychological methods.

All children in the premorbid displayed disontogenetic states that in 64,5% were connected with psychoorganic pathology, 44,7% - personal peculiarities, 27,6% - somatic weakness with school skills disorders. These factors often combined.

Special role was belonged to the first negative apperception of pupil by the teacher: 37,8% of pupils turned to be separated, indifferent - to 26,6%, 35,6% - hostile.

School phobia was accomponied with school disadoption and rejecting of school. Form and aggressive level depended on anxiety and sence of guilty, frustrating circumstances, the aggressive behavioural model of environment. In these cases the friquency of aggressive acts rised up and behavior come to asocial character.

The investigation showed that school phobia that accomponied with aggression can transformed into asocial behavior, that need early diagnosis and timly medical, psychological and pedagogical care.

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**REASONS OF SCHOOL MALADJUSTMENT OF CHILDREN WITH SOCIAL PHOBIA**

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The social phobias have a tendency to manifestate in child and adolescence and take a big place among the other reasons of school maladjustment.

39 children in the age of 8...12 with stable fear for school attendance that led to full or partly relection of school were studied.

Clinico-psychopathological and psychological study showed the high anxiety reaction, hesitation, depression in emotional sphere and behavioural disorders in the way of antidisiplinary behaviour and reject-reaction. Social situations, that caused the negative attitude of schoolmates and accompanied by shame and upsetting and led to occused cases were forecoming in 21 children. In the other cases it was noted the ordinary development. 28 children have isolated social pfobia. The base was fear of verbal answers (22) and fear of writing among their shooldmates (6). In 10 cases fear cared more generalized character and included a number of social situations. Vegetative disordres accompanied anxiety in all cases. Children reacted especally sharp on the red faces.

The study showed that timely diagnosis and treatment of social phobia are the actual problem because of the tendency to chronic current and generalisation of the process, that lead to the serious psychological problems, that accompanied with reject-behaviour and school maladjustment.

**AMISULPIRID AND CITALOPRAME CO-ADMINISTRATION EFFECTIVENESS AMONG THE ADOLESCENTS WITH RESISTANCE OCD**

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**Objective:** In resent studies already acknowledged effectiveness of SSRI in cases of OCD. However the clinical examination and experience let us to consider that there are some cases with increasing resistance of OCD to monotherapy. The aim of this research was to identify the effectiveness of Amisulpirid and Citaloprame co-administration in comparison with monotherapy.

**Methods:**

- In open study we observed 25 adolescents (13-16 years old) with moderate and severe OCD.
- All patients during the 8 weeks received Citaloprame in dosage range 20-80 mg/per day.
- Co-administrative use of two drugs ( Citalopram ~40-60 mg/p.d. -Amisulpirid~50-100 mg/p.d.) in patients without response to SSRI-s monotherapy
- Comparison of two approach of therapy.

**Results and Conclusions:**

- We conclude that in cases with low response, which in our research was 9 adolescents, the combination of Citalopram (SSRI) with Amisulpirid ( dopamine inhibitors ) is more effective.
- Duration of co-administrative approach is 5-6 weeks.
- The other advantage of produced method is the lack of side effects

**Phenomenology Of OCD In Children And Adolescents**

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**Objective:** We intended to investigate the phenomenology and rate of obsessive compulsive disorder (OCD) in children and adolescents among a sample of 4th to 8th grade students in Bursa.

**Methods:** 805 students were individually interviewed according to DSM-IV OCD criteria.

**Results:** OCD rate was 5.1%. Mean age of sample was 11.99 and girl/boy ratio was 1.1.

Obsessions consisted as harming self/others (86.3%), symmetry-ordering (48.8%), dirt-germ (32.5%) and religious obsessions (23.8%). Compulsions were seen as rituals (57.5%), controlling (43.8%), repeating (36.3%), ordering (33.4%) and washing (20%). Among the rituals the most prominent was counting (43.8%).

**Conclusions:** The rate of OCD in our community-based study is higher than in previous clinical studies. Frequency of obsessions and compulsions in relation to their contents and forms are generally consistent with other studies except dirt-germ obsessions and washing compulsions. We suggest that, in children and adolescents cultural differences may play a role in the clinical symptoms of mild cases of OCD. According to our experience, we may suggest that DSM-IV criteria for adult OCD may be more helpful to diagnose OCD in children if those criteria are screened with open-ended questions rather than a rigid interview technique.

1. Valleni-Basile et al. (1994): Frequency of obsessive compulsive disorder in a community sample of young adolescents. *J Am Acad Child Adolesc Psychiatry* 33(6): 782-791.

2. March JS and Leonard HL (1996): Obsessive compulsive disorder in children and adolescents: a review of the past 10 years. *J Am Acad Child Adolesc Psychiatry* 34(10):1265-1273.

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**LONG-TERM COURSE OF CHILDHOOD-ONSET OBSESSIVE-COMPULSIVE DISORDER: SOCIAL ADJUSTMENT AT FOLLOW-UP AND FACTORS PREDICTING THE COURSE OF OBSESSIVE-COMPULSIVE SYMPTOMS**

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**Objective:** The aim of the study was to investigate the long-term course of childhood-onset obsessive-compulsive disorder. The focus of this presentation is the social adjustment in adulthood and the prediction of the course of obsessive-compulsive symptoms in former patients.

**Method:** 55 patients with early onset OCD - classified according to ICD-10 and DSM-IV criteria - were interviewed personally using structured interviews. The personal examination included - besides diagnostic interviews - the assessment of the nature and severity of OCD-symptoms (Y-BOCS) and a semi-structured interview to get information especially on psychosocial adjustment.

**Results:** Despite a poor prognosis regarding the patients mental state (71% of the patients met the criteria for any mental disorder, 36% still suffered from OCD) 76% of the patients led their own lives without being excessively depended on their parents. 84% of the patients had no school or occupational problems, 73% of the patients were rated to maintain satisfying social contacts, but only 54% had a relationship at follow-up. Outpatient treatment and female sex were significantly correlate with lower Y-BOCS-Scores at follow-up, prematurely ending the initial treatment was significantly correlated with higher scores. Other variables (e.g. age of onset, length of follow-up period, occurrence of OCD-symptoms in first degree relatives) showed no significant correlations.

**Discussion:** The relatively good social adjustment indicates that most of the patients seem to have found a way of managing their lives despite still suffering from mental disorders. The better prognosis of patients who did not need inpatient treatment probably reflects the influence of the severity of obsessive-compulsive symptoms in childhood on the clinical course.

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**POSTER SYMPOSIUM**

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**SUICIDE AND SELF-INJURIOUS BEHAVIOUR**

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**SOME CHARACTERISTICS OF ADOLESCENT SUICIDE BEHAVIOUR**

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 Belgrade, Yugoslavia.

**Objective:** Attempted suicide is one of the most common psychiatric emergencies in adolescent psychiatry. This paper is dealing with adolescents hospitalised in the Institute for Mental Health in Belgrade because of their suicidal behaviour. We investigated multiple factors that underlie their suicidal behaviour as: sex ratio, social background, family, method of suicide attempt, comorbidity etc.

**Methods:** We conducted a retrospective epidemiological investigation of suicide attempters (age up to 18 years) hospitalised at the Institute for Mental Health in Belgrade during five years period, as well as their follow-up 5-10 years after discharge from the hospital.

**Results:** Male to female ratio was 1:1.4. Mean age at admission was 16.05 years (minimum 8.5, maximum 19.1). Most frequent method was ingestion of medicaments (79%). Other methods were: hanging (7%), ingestion and jumping from heights (7%), stabbing and hanging (7%). Comorbidity was present at 93% of cases—mostly as prolonged depressive reaction and various types of adjustment disorders.

**Conclusions:** This investigation pointed out the prevalence of female adolescents who attempted suicide and very high comorbidity (mostly depressive reactions).

**Self report of attempted suicide and ideation in adolescents**

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**Objective:** Suicide attempts and ideation in adolescents represent a significant problem for the clinical management. Psychosocial problems and interpersonal conflicts are commonly reported precipitants of a suicide attempt, although up to one-third of adolescent attempters are unable to identify a clear precipitating event for their attempt.

**Methods:** N=477 adolescent patients who attended our clinic for the first time, were asked to complete the Youth Self Report (YSR, Achenbach 1991). Data were analysed with regard to externalizing and internalizing problem scores and specific syndrom scales. These data were compared with the results of the clinical evaluation during the treatment period and normative data.

**Results:** N=77 (16%) reported suicide attempts, N=112 (23,5%) thought about suicide. All patients show higher T-Scores for all defined syndrom scores except the syndrome scales for aggressive behavior and attention problems in those patients, who reached high scores with regard to their suicidal ideation. During the clinical evaluation, thinking about suicide and suicide attempts were less often reported.

**Conclusions:** Standardized questionnaires seem to be important instruments for adolescents to articulate their thoughts about suicide and suicide attempts. In those patients, who reached high scores with regard to their suicidal ideation, aggressive behavior may shift into autoaggressive or harmful behavior.

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**Psychiatric Diagnoses, Sexual/Physical Abuse and Neglect Among Adolescent Suicide Attempters**

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(1): University Children's Hospital Freiburg

(2): Catholic School for Social Work, Freiburg

**Objective:** to identify the prevalence of psychiatric disorders and prior experiences of violence among children and adolescents who have been hospitalized in the University Children's hospital after suicide attempt.

**Method:** 59 inpatients who were admitted to the university children's hospital after suicide attempt were investigated by psychiatric diagnostic interviews during their hospitalization to determine psychiatric diagnoses, history of recent and previous suicidal behaviour and history of violence.

**Results:** Among adolescents and children hospitalized after suicide attempt in a pediatric hospital a high prevalence of axis I psychiatric disorders could be identified. As expected, affective disorders, followed by conduct disorders were reported most often. In addition, we found a high rate of previous experiences of violence.

**Conclusions:** Interventions with these patients should focus not only on immediate presenting problems but also on often hidden factors like previous abuse experiences to ameliorate their long-term risk of repeated suicidal behaviour. Among children and adolescents with psychiatric disorders, especially affective and conduct disorders, the risk of suicidal behaviour should always be taken into account.



**SEX DIFFERENCES IN ADOLESCENT SUICIDE**

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**Objective:** To compare characteristics and risk factors of suicide in boys and girls under 20 years, and explore gender differences that might explain the higher male suicide rate.

**Method:** Information about all registered young suicides in Norway 1990-92 was gathered from several professional informants. Girls (12-19 years) (N=30) were compared with males (8-19 years) (N=99), and with controls (N=889).

**Results:** Both sexes frequently died by hanging (boys 38%, girls 50%) or shooting (boys 43%, girls 23%). Girls had more often communicated their suicidal intent (73% vs. 53%). There was no gender differences regarding precipitating events, stressors or psychiatric disorders. Compared to controls the adjusted risk factors for suicide were Affective disorders (Girls OR=22.1, boys OR=24.0) Disruptive disorders (Girls OR=14.7 boys OR=5.0) Residing without two biological parents: (Girls OR=1.6 n.s., boys OR=1.8).

**Conclusion:** The similarities between male and female suicide completers were striking. They were characterised by the same risk factors, and the gender differences were definitely smaller than in the control group. The most probable explanation for the different suicide rate was the sex-related behaviour including preference of suicide method and communication pattern.

**446 MOTIVATIONAL ASPECTS OF SUICIDAL BEHAVIOR IN ADOLESCENTS**

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**Objective:** Our objective is to address to the motivational aspects of suicidal behavior in the study in order to understand adolescent suicidal behavior which is crucial in establishing effective methods in prevention.

**Methods:** These aspects are being assessed using several self report questionnaires: Youth Self Report for Ages 11-18, Suicidal Motivational Questionnaire, Beck Hopeless Scale, Self Injury Behavior Questionnaire, Suicidal Probability Scale.

**Results:** The main feelings that appear to precede attempts by adolescents are anger, feeling lonely or unwanted, and worries about future. A sense of hopelessness rather than general depression is a major factor in determining suicidal behavior. Suicidal behavior can be a part of a risk behavior determined by vague concept of death influenced by the strong narcissistic prevalence in adolescence. Apart from suicidal intent this behavior is explained as a means of alleviating or escaping from intolerable stress and of demonstrating the distress to others.

**Conclusions:** Very complex issues are encountered when one tries to examine the motivational aspects of suicidal behavior.

The appeal function of suicidal attempt is more likely to be of interpersonal nature rather than seeking professional help.

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**GENDER ISSUES IN SUICIDE IN IRISH CHILDREN**

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Suicide ideation in boys and girls (8-15 years) was investigated. Two groups of 41 children (mean age 11.5 years) and their primary caregivers were interviewed. The index group is composed of girls (N=20) and boys (N=21) attending their local Child and Family Centre for children with psychiatric problems. The control group is composed of girls (N=20) and boys (N=21) from local schools and whose demographic distribution is similar to the index group. Both groups were administered the same questionnaires. For the purpose of this presentation HARKAVY-ANSIS suicide survey and Beck Depression inventory, were correlated and some aspects analysed. Results indicate that male intentions of suicide ideation are generally more transparent to primary caregivers than are female intentions.

**Self-injurious Behaviour among Outpatient Adolescents**

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**Objective:** The purpose of the present paper was to determine demographic Features and their problem areas of a sample adolescent outpatients (n=15) who engaged self-injurious behaviour.

**Method:** Patient and family data gathered from retrospective chart review.

**Results:** All the acts of self-injurious behaviour were minor self-mutilation in nature. Of 15 adolescents who engaged self-injurious behaviour 11 were female and 9 reported substance abuse (alcohol, inhalants, nicotine etc.) Most of the cases reported severe psychiatric disorder among family members, especially mothers and fathers and also primary relatives.

**Conclusion:** Self-injurious behaviour is more common in female patients than males. This result show that psychosocial factors, which lead to self-injurious behaviour among female adolescent, must need further search.

**STUDY OF PROVOKING FACTORS FOR CHILDREN'S SUICIDE ATTEMPTS****450**

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**Objective:** To find out the factors, predisposing and provoking children and teenagers for non-lethal suicide attempts. Lithuania has the highest rate of suicides in Europe and has no systematic studies of the causes of children's suicidal behavior, which is important for strategies of prevention.

**Method:** The research is designed as clinical study in pediatric departments of Kaunas University Clinics. All children under 16 year of age, referred after suicidal attempt are examined using clinical assessment questionnaire, prepared by the researcher, using criteria for research work in ICD-10, depression and hopelessness rating scales. Focus is on psychiatric disorders preceding the suicidal attempt and the content of it's triggering conflict.

**Results:** 60 consecutive patients after suicide attempt aged from 10 to 15 were examined in 1997-1998. The number of attempters was increasing with age, boys/girls ratio 1/3. 60% of them had clinically expressed depressive syndrome, 28.3% conduct disorder before the suicide attempt. Suicidal attempts were triggered by the conflicts with parents (67.8%), friends (11.7%), siblings (3.3%) or teachers (3.3%). 30% of the conflicts were unusually intense, other- trivial. The content specific for age, not specific for gender. In 13.6% of the cases triggering conflict was not found, but all they had clinical depression.

**Conclusions:** First results show the role of depression and conduct disorders in predisposition for suicidal behavior of children in Lithuania.

**POSTER SYMPOSIUM****PS 18****NEUROPHYSIOLOGY****452 - 458****GESTALT THERAPY OF SUICIDAL ADOLESCENTS***A. Mokhovikov**City Centre of Social and Psychological Support, P.O.Box 74, Odessa, 270026 Ukraine*

**Objective:** On the basis of Gestalt approach new typology of suicidal behaviour for teens and principles of their psychotherapy are proposed. The suicidal vectors based on main mechanisms of defence, such as confluence, projection, introjection and retroreflection are determined.

**Methods:** Gestalt approach allows to work with phenomena of actual personal traits (schizoid, narcissistic or borderline) that might dominate in crisis state. Techniques for the identification of suicidal vectors by using the specific aspects of verbal behaviour and avoidant verbalisation are used.

**Results:** In the process of therapy eight dimensions had taken into account: personal qualities, unresolved developmental tasks, avoidant experience, main frightening emotion, used mechanisms of defence, relations with significant others, behavioural patterns in a course of therapy, management of therapeutic process, including behavioural, affective and cognitive interventions. Examples of Gestalt interventions, directed at increasing the patient's awareness to the boundary disturbances and of the present contact opportunities available to him after their resolutions are described.

**Conclusions:** Gestalt therapy of suicidal teens is an effective kind of intervention.

**451****452****AGE DEPENDENCE OF LATE AUDITORY EVOKED POTENTIALS**

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**Objective:** The components of the Late Auditory Evoked Potentials (LAEP) undergo distinct changes in latency, amplitude, and signal characteristics during maturation. Using dipole source analysis we investigated this development at the level of the generating cortical structures.

**Method:** Pure tone LAEP were recorded from 23 derivations in a sample of 108 children and adults aged 5-28 years. Models for the localization and orientation of the cortical structures that generate the surface potentials were derived by source modelling.

**Results:** Dipole source analysis revealed two pairs of symmetric dipoles located in the primary and secondary auditory cortices. The spatial solutions were nearly consistent in all age groups. The classic LAEP complex, consisting of P1-N1-P2-N2, was observed in adults at the primary auditory cortex. In children, a positivity at about 100 ms (P1) was followed by a negativity around 250 ms (N2). The P2-N2 complex was constantly distinguished only after the age of 12.

**Conclusion:** The shifts in latency and changes in signal amplitude of otherwise age-independent components are not alone responsible for the different appearances of the surface potentials in children and adults. The component structure of the bioelectrical sources themselves changes with age.

**Continuous-processing -- related event-related oscillations of the brain in children with ADHD compared with a control group**  
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**Objective:** Visual and acoustical information processing in children with ADHD was studied using ERP's and event-related oscillations of the brain recorded during a visual and an acoustical "oddball paradigm" task.

**Methods:** The ERP's from 32 active electrodes were recorded from up to now six children (3 ADHD, 3 control; sex- and age-matched) during a color and a beep detection oddball task. 400 cues were presented randomly in each task with a constant interval, 40 of it targets. Subjects were instructed to press a response button to in the style of the dual-target CPT presented target combinations. ERP components and using a FFT, event-related oscillations in the beta and gamma band elicited to target and non-target stimuli were analyzed for topographical and between-group differences. Twenty-five children in each group are projected.

**Results:** Related to target stimuli, P3 and N4 (400-600 ms) amplitude were generally smaller in the acoustical task and likewise in ADHD children in both tasks compared with controls. ADHD children showed less activity in both spectral bands during the visual task. Amplitudes and spectral power were largest parieto-temporal.

**Conclusions:** Our preliminary results indicate, that in ADHD children both the reduced wave amplitudes as well as the spectral band power reflect a reduced information processing, specially later shares concerned and during acoustical tasks.

## 453 Quantitative EEG and auditory P300 evoked potentials in ADHD and control children 455

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**objective:** A slow maturational rate of the frontal cortical systems may play a role in the etiology of attention deficit hyperactivity disorder (ADHD). To study this hypothesis quantitative electroencephalography (qEEG) and auditory P300 evoked potential and corresponding brain electrical activity maps were examined in children with ADHD and compared with chronological and mental age matched controls.

**Methods:** The qEEG was made in four different recording conditions: during rest with closed or open eyes and during Gordon Diagnostic System tasks performance (Vigilance and Delay tasks) and analyzed with the Bio-Logic Brain Atlas III equipment. The power of the EEG frequency spectrum (0.1-30 Hz) with FFT and average brain electrical activity maps were calculated for each of the ADHD and control groups. The auditory P300 evoked potential (latency and amplitude) was recorded with the oddball stimulus paradigm and topographic maps were analyzed for the ADHD and reference groups.

**Results:** The results showed significant differences in the qEEG frequency spectrum and P300 between different age groups in both ADHD and control children as a sign of cerebral maturation. In the qEEG an increased amount of slow cortical activity ( $p < 0.05$ ) was found in the ADHD children (10-16 years) compared with age matched controls during vigilance task, but not during delayed task or at rest (closed and open eyes).

**Conclusion:**

The qEEG results during vigilance task indicate an altered "immature" cerebral activity in ADHD children during demanding cognitive tasks.

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## ERP CORRELATES OF COMORBIDITY IN HYPERKINETIC CHILDREN

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**Objective:** Children with hyperkinetic disorders show a wide range of associated psychopathology. While psychopathological classification systems (e.g. DSM-IV) generally assume an additive model of symptomatology, this view is only partially supported by recent brain electrical activity studies investigating comorbidity effects in hyperkinetic patients.

**Methods:** 4 groups of children (aged 8 to 14 years, 12 children in each group, classified according to ICD-10 as hyperkinetic disorder-only (F90.0), conduct disorder (F91/F92), hyperkinetic conduct disorder (F90.1) or healthy controls) were compared on the basis of event-related brain potential parameters (ERP topographical mapping) and performance measures while carrying out a neuropsychological task (CPT-A-X).

**Results:** The investigated groups revealed similar performance but different patterns of amplitude measures and topographical scalp distribution of their brain electrical activity; the comorbid group did not show additive effects at the psychophysiological level of investigation.

**Conclusion:** Findings indicate that the presence of hyperkinetic comorbidity may alter the brain electrical correlates, but not necessarily the level of overt behavioral performance and suggest that certain types of comorbidity might constitute neurobiologically qualitatively different disorders, rather than quantitatively a more severe form of the "pure" disorder.

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## NOVELTY-ELICITED MISMATCH NEGATIVITY ON ADMISSION AND DISCHARGE IN SCHIZOPHRENIA: MMN DECREASES WITH TREATMENT

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Mismatch Negativity (MMN) was examined in a passive 2 tone novelty oddball task in young schizophrenic patients on admission ( $n=20$ ) and at discharge ( $n=12$ ) and in control subjects ( $21/\text{retest}=15$ ).

**Methods:** A series of 400 standard tones along with occasional novel mixed frequency "buzzes" were presented to subjects while reading a book. ERPs to the standard tone (86%) were subtracted from those elicited by novel sounds (14%). Amplitude and latency for N1-like and N2-like and P3a components in the difference waveform were measured at F7, F3, Fz, F4, F8, T3, C3, Cz, C4, T4 and Pz.

**Results:** Treatment improved ratings of schizophrenic symptoms rated on the PANSS scale (positive more than negative). On admission only N1-like MMN amplitude at T4 was significantly smaller in patients. N2-like MMN decreased at discharge in schizophrenic patients at left frontal and temporal sites. Reduction of positive symptoms was correlated with prolonged N1-like component latencies at F4, C4 and Cz. Medication (chlorpromazine equivalents) was not related to MMN results.

**Conclusion:** Schizophrenic patients do not show generally reduced MMN amplitudes as reported from standard MMN tasks. Reductions of left frontal N2-like amplitudes in patients with schizophrenia may indicate state dependent changes in the orienting to novel stimuli.

## QUANTITATIVE EEG, ANXIETY AND DEPRESSION: A PILOT STUDY

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**Objective:** Emotional reactivity has been attributed to varying activation patterns of anterior cortical areas. We hypothesized that measures of anxiety and depression will be associated with baseline activation asymmetries in  $\alpha$  and  $\beta$  frequency bands in frontal lobes in children with psychiatric disorders.

**Method:** Thirty children, all male, mean age 11 years, were extensively assessed. Twenty presented with disruptive behaviour disorders (DSM-IV); ten were normal controls. Anxiety (RMAS) and depression (CDI) measures were taken. A topographic EEG (20 minutes, eyes closed) was recorded and analyzed by power spectra. Correlation analyses were carried out across subjects between anxiety, depression and EEG measures (absolute and relative power, inter and intra-hemispheric asymmetry and coherence) on three frequency bands ( $\theta$ ,  $\alpha$ ,  $\beta$ ).

**Results:** Topographic maps and graphs were constructed. Significant results involved predominantly anxiety which was associated with activation of frontal and occipital sites as shown by measures of absolute and relative power. There were few significant differences on measures of asymmetry. Highly significant differences were observed on inter and intra-hemispheric coherence.

**Discussion:** The results raise theoretical and practical questions. The present study requires replication. Similar measures should be taken for state anxiety. Qualitative EEG measures which can be taken unobtrusively, may be more specific and sensitive than autonomic measures in studies of anxiety in children.

## POSTER SYMPOSIUM

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## PERVASIVE DEVELOPMENTAL DISORDERS II

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## CHANGES OF BRAIN ELECTRICAL FIELDS DURING THE CONTINUOUS PERFORMANCE TEST IN ADHD CHILDREN DEPENDING ON METHYLPHENIDATE MEDICATION

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**Objective:** Methylphenidat (MPH) has been an effective drug for the treatment of ADHD. To evaluate improvement of attentional performance the Continuous Performance Test (CPT) has been successfully applied. **Method:** The aim of the present study was to investigate changes of brain electrical field configurations during a CPT trial in ADHD boys related to MPH-medication. 21-channel-ERPs of 17 ADHD boys (age: 7 to 11) elicited by the different cues of a CPT (Go/NoGo, Primer/Distractor) were analyzed with reference-independent methods. A data-driven segmentation of the ERPs of the individual Global Field Power (GFP) was performed. Primer-stimuli yielded higher amplitudes than Distractor-stimuli in segment 3 and 4 (corresponding to P300- and lateP3b-latency). Both conditions showed significant higher amplitudes in segment 3 in medicated than in unmedicated conditions. Furthermore a significant larger centroid-distance was found in the medicated condition. **Results:** The results of the Go-conditions were not significantly affected by medication. On the other hand MPH-effects were seen in segment 3 and 4 of the NoGo-conditions with higher amplitudes but no changes of topography. **Discussion:** In conclusion, neuro-physiology along with the applied reference-independent spatial analysis appears to be a method to reveal psychopharmacological effects on rapid changes of the brain electrical field configurations related to the execution/inhibition paradigm of the CPT.

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## A GENDERSPECIFIC AUTOSOMAL TRANSMISSION IN AUTISM?

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**Objective:** Several clinical studies within the last years and high familial rates of autistic subtypes have shown a strong association of autism with genetic heterogeneity. Fragile X-syndrome, a well-known X-chromosome associated disorder, offers similar deficits.

**Method:** 20 mothers and 12 fathers from 20 families raising an autistic child and 31 parents of families with fragile X-children took part. Following instruments were assessed: Diagnostic Interview for Genetic Studies (DIGS), Family History Interview for Developmental Disorder of Cognition and social Functioning, International Personality Disorder Examination. Diagnoses of each proband were made according to DSM-III-R criteria. All but one father of an autistic child were tested with the WAIS-R.

**Results:** None of the parents fulfilled a schizophrenia-related diagnosis. Among mothers of autistic children the following disorders were diagnosed: MDE, dysthymic disorder and panic attack; whereas fathers of autistic children showed: panic attacks, personality disorder (PD) -especially schizoid PD (N=6)-, alcoholic disorders and learning disability disorder (N=1).

**Conclusions:** Incidence of schizoid PD in fathers of autistic children might represent a slight autistic subtype (Asperger syndrome?), mothers don't show. IQ-profiles of fathers may resemble indicators for weak autistic traits. A genderspecific expression or heterogenous autosomal transmission must be considered.

**INTELLIGENCE PROFILES IN AUTISTIC AND SCHIZOPHRENIC ADOLESCENTS***Rudolf, L., Bölte, S., Poustka, F.**Klinik für Psychiatrie und Psychotherapie des Kindes- und Jugendalters, University of Frankfurt/M, D-60528 Frankfurt, Germany*

**Objective:** To investigate whether information regarding the structure of intelligence may be helpful in the discrimination of autistic and schizophrenic subjects.

**Method:** 20 autistic and 20 schizophrenic adolescent individuals, matched for age, sex and IQ-level were examined using the German forms of WISC-R/WAIS-R followed by a discriminant analysis routine including all 11 Wechsler subscales for diagnostic group prediction.

**Results:** Accuracy of group prediction using the intelligence profile data of all subtests reached 85%. The subscales Comprehension (better performance of schizophrenic subjects) and Similarities (better performance of autistic subjects) alone showed an 75% accuracy of schizophrenic respectively autistic group prediction.

**Conclusions:** Results indicate evidence for cognitive structure information being useful in the diagnosis of autism versus schizophrenia. Future research should investigate the relevance of intelligence markers in the discrimination of Asperger syndrome and schizoid personality disorder.

**460 RISPERIDONE EFFECTS IN PERVASIVE DEVELOPMENTAL DISORDERS 462***P. Tabuenca, B. Sánchez, J.L. González, A. Masana, A. Garcia*  
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**Objective:** To assess the short-term efficacy and safety of risperidone in child and adolescent with pervasive developmental disorder.

**Method:** Subjects were 15 children and adolescents who were diagnosed as Pervasive Developmental Disorder using ICD 10 criteria. We describe the sample (sex and age, onset, symptoms) and assess the effectivity of risperidone in some groups of symptoms.

**Results:** In our sample risperidone appeared to be effective in relieving some symptoms as insomnia, aggressive and impulsive behavior, tempers, hyperactivity, self-injurious behavior, stereotyped or ritualistic behavior, affective disturbances and attention-deficit. We don't find a primary improvement in speech and instrumental abilities.

**Conclusions:** Risperidone appears to have been effective and well tolerated in this sample of children and adolescents with Pervasive Developmental Disorder. Further controlled studies are needed to establish its clinical efficacy and safety, and its long-term effects.

**THE WSQ FOR SUB-CLASSIFICATION OF AUTISTICS***O. Pino, M. Faranda, M. Roccella**Department of Psychology, University of Palermo, Via Divisi, 81, 90133 Palermo, Italy*

**Objective:** The main purpose of the present study is to proceed with an Italian adaptation of the Wing Subgroups Questionnaire (WSQ), an assessment instrument that classifies children of the so-called "Autistic continuum" into one of the following subtypes: aloof, passive, and active-but-old. Furthermore, we have attempted to address two questions. First, are the clinician subtype assignments based on their responses to WSQ, consistent with those of parents? Second, are the three WSQ subgroups distinct and separate, or do they overlap?

**Methods:** The WSQ has been administered to parents and clinicians of 28 autistic subjects (age group = 16 years).

**Results:** Sub-classification based on the parent and clinician-completed WSQs agreed for 25 out of the 28 subjects. Furthermore, although autistic subjects' behavior was generally in accordance with only one subtype, there were some clinical cases which show, at the same time, behavioral symptoms of two or three subtypes. Finally, a few clues are given to improve WSQ scoring.

**Conclusions:** It is hoped that the cues brought about this work will encourage future researches towards improving the differential diagnosis among autistic individuals with different clinical backgrounds.

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**CLINICAL EFFICACY OF RISPERIDONE IN PERVASIVE DEVELOPMENTAL DISORDERS.***A. Di Martino, P. Muglia, M.G. Ledda, C. Cianchetti, A. Zuddas.*  
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**Objective:** Efficacy and safety of the atypical antipsychotic risperidone has been evaluated in children and adolescents with pervasive developmental disorders (PDD).

**Methods:** Ten patients with autism or PDDNOS, insensitive to classic neuroleptics (CN) were treated with risperidone. Severity of symptoms and global functioning were evaluated by CARS (Child Autistic Rating Scale), autism-related 14 items of CPRS (Child Psychiatric Rating Scale) and C-GAS (Child-Global Assessment Scale) scores during CN treatment and after one, three and six months with risperidone.

**Results:** In nine patients risperidone significantly improved global functioning, ameliorating irritability, stereotypies, hyperactivity, mood lability and abnormal object relationship. In one patient no significant clinical changes were observed. Weight gains was reported in three responsive patients, amenorrhea led to drug discontinuation in another.

**Conclusions:** Together with our previous reports on clozapine efficacy, these data support the hypothesis that combined modulation of both dopaminergic and serotonergic neurotransmission (i.e. D2 and 5HT2a blocking) could be crucial in ameliorating autistic symptoms. New atypical antipsychotic (including olanzapine, ziprasidone and quetiapine) could lead the way for new insight into pathophysiology and treatment of PDD.

## PARENTING ADOLESCENTS ON THE AUTISTIC SPECTRUM

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### Objective

This work is part of a larger study researching the impact on the family of having a son or daughter on the autistic spectrum. It was instigated by the Irish Society for Autism. It aims to explore parents' experiences and perceptions of caring for an adolescent on the autistic spectrum.

### Method

Forty prime carers were interviewed using an original structured questionnaire asking open and closed questions. Information was sought on their problems, coping strategies, formal and informal support systems, social withdrawal, reactions of friends and family, good things, medication and optimism.

### Results

Ninety six percent of carers reported difficulties with challenging behaviour. Twenty eight percent found it hard to cope. Sixty eight percent said adolescence was severely difficult. Fifty five percent reported that life was easier than when their child was younger. Forty eight percent had children who lived at home all the time. Seventy percent were supported by their partner. Fifty one percent were optimistic for the future. Reactions from family and friends were generally very satisfactory.

### Discussion

Generally people seemed better supported than at earlier stage but adolescence was very difficult. Unmet needs included help to cope with challenging behaviour and preparation for the future.

## 464 PERSONALITY TRAITS IN PARENTS OF PEOPLE WITH 466 AUTISM

*S. O'Hanrahan, M. Fitzgerald, M. O'Regan*  
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Aims: Since Autism was first described by Leo Kanner in 1943, its aetiology has been the source of much speculation and investigation. Research has focussed on the inherited phenotype. The aim of this study was to identify personality traits present in parents of people with Autism but not present in parents of people with a lifelong disability but without Autism. Identification of specific Autism associated parental personality traits would suggest a parental phenotypic risk factor for Autism. Such a possibility is supported by Piven et.al. (1984) and Wolff et. al. (1983).

Method: Parents of 12 people with Autism were matched with parents of 12 people without Autism but with a lifelong disability for age, sex and I.Q. level. Four measures of personality were used - the Maudsley Obsessive-Compulsive Inventory, the Personality Assessment Schedule, the Rust Inventory of Schizoid Cognitions, the 16 Personality Factor Questionnaire.

Results: Using the four personality questionnaires described, no significant difference was identifiable between the personality profile of either group of parents.

Conclusion: There is no clearly identifiable personality phenotype in parents of people with Autism. Should one exist, it is subtle and requires more subtle evaluation in a larger population

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## AUTISM AND THE PSYCHOSOCIAL EFFECTS ON THE FAMILY

*Karen Doherty and Professor Michael Fitzgerald*  
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Objective: The present study aims to investigate some of the psychosocial effects on the families of persons with autism. This study is a follow-up to 'Planning for the Future of Autistic Persons. (Fitzgerald et al., 1997). The objectives of the study are: (1) To look at the areas of service satisfaction, social and family circumstances, family burden, and psychological health of the primary caregiver.

(2) To look for changes in the effects on the family as the person with autism moves from childhood to adulthood.

Method: The primary caregiver of each of the 85 participants was administered a battery of questionnaires pertaining to service satisfaction, burden, and stress. These included the General Health Questionnaire (Goldberg, 1978). Each participant's key worker administered the Autistic Disorders Diagnostic Checklist (Wing, 1987) in order to confirm the diagnosis of autism.

Results: It was found that as the age of persons with autistic spectrum disorder increased, the psychological health of the primary caregivers (as measured by the GHQ) improved.

Conclusion: This finding is a hopeful one for those parents of young children with autistic spectrum disorder. It indicates that the stresses felt by caregivers in childhood may in fact become less acute as their son/daughter approaches adulthood.

**POSTER SYMPOSIUM****PS 20****EATING DISORDERS II****467 - 473****OSTEOPOROSIS IN ANOREXIA NERVOSA**

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**Objective:** Decrease of bone density is one of the complications in anorexia nervosa. We assessed bone turnover in female adolescents with anorexia nervosa under treatment conditions with the aim to investigate the mechanisms leading to osteoporosis.

**Methods:** In adolescent females with anorexia nervosa ( ICD- 10: F 50.0, F 50.1 ) clinical data, endocrinological data and parameters of bone metabolism (measurements in serum and urine), ultrasonic bone density measurement (calcaneus), dual energy X-ray absorptiometry (radius), and periphery quantitative computer tomography (lumbar vertebrae column, caput femoris) were collected.

**Results:** Up to now 3 out of 14 patients showed a clear lowered bone density at a level characteristic for osteoporosis. This is not correlated with body mass index.

**Conclusions:** Mechanisms of osteoporosis in anorexia nervosa are not yet fully explained. The course of the different parameters under therapy is presented. An important question is, how weight gain under therapy influences the balance between anabolic and catabolic bone turnover and what role oestrogen plays in this process. Issues of risk and reversibility of lowered bone density are discussed.

**CEREBRAL METABOLISM IN ANOREXIC PATIENTS****BY <sup>31</sup>P-MRS**

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**Objective:** Only a few previous findings by MRS studies suggest that severe malnutrition in patients with anorexia nervosa may result in altered membrane phospholipid metabolism in brain. This may be also responsible for brain atrophy in the disease. The purpose of the present study was to detect differences in brain phosphorus metabolism between anorexic patients and controls, without and during cognitive strain.

**Methods:** Phosphorus cerebral metabolism was examined in 6 anorexic females (mean age 15±2 years) and in 6 controls (mean age 15±2 years) using an image-selected in vivo spectroscopy (ISIS) performing on a 1,5 Tesla (Philips Gyroscan ACSII) MR tomograph. Three spectra were acquired in the frontal cortex (voxel size: 50x50x80mm) with scan times of 13 minutes for each acquisition. Only during the second scan the subjects had to perform a modified stroop test. The anorexic patients were examined at the beginning and at the end of treatment reaching the normal weight.

**Results:** Without stimulation we could determined decreased values of anorganic phosphate (Pi%) and phosphodiester (PDE%) but increased levels for phosphocreatine (PCr%) and β-ATP% in patients before treatment compared to controls. During cognitive activation a slight increase of PCr% was found in controls, whereas in the patient group no changes could be observed. The signal intensity of Pi% upon activation showed decreased values in anorexic patients with normal weight compared to the beginning of treatment.

**Conclusions:** The decreased PDE% levels in patients are in contrast to previous findings which indicate an increased phospholipid breakdown. Decreased Pi% during cognitive stimulation at the end of treatment suggest an decreased energy utilization at normal weight.

**467****APPLICATION OF CHAOS THEORY TO CHILD AND ADOLESCENT ANORECTIC INPATIENTS**

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**Objective:** Non-linear dynamical modeling and chaos theory has been applied successfully in Psychiatry. Because of their inherent capacity to describe instability, these techniques can be applied to developing models to describe the patterns of weight instability in child and adolescent anorexic inpatients, instead of the classical statistics.

**Method:** The patients satisfy the Anorexia Nervosa criteria diagnosed by DSM- IV. They were 14, 16 and 17 years old, the last had a nasogastric tube. Using the weight data, we constructed the phase plane trajectories that give a geometric portrait of the weight evolution of these inpatients. The mathematical tools of chaos theory make the quantification of such time series of the weight possible by calculating their fractal dimensions.

**Results:** The time series present chaotic behavior having a fractal dimension between 1 and 2. The phase portraits of inpatients 1 and 2 appeared to have same structures (a chaotic attractor).

**Discussion:** By determining the fractal dimension of the chaotic attractor, we will be able to characterize the behavior of these patients. This permits one to determine more accurately the internment periods. We think that it is possible to extend this methodology to more research project on the characterization of complex psychopathological child processes.

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## HEDONIC PREFERENCES OF VISUAL AND GUSTATORY STIMULI AMONG ADOLESCENT ANORECTIC AND BULIMIC PATIENTS 470

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**Objective:** Anorectic and bulimic adolescents might develop different mimic and other emotional responses to food related visual stimuli and basic taste solutions as compared to normal controls.

### **Methods:**

1. We exposed 6 anorectic, 5 bulimic patients consecutively admitted at a special unit for eating disorders, and 12 normal controls to visual stimuli related to food and to 5 basic taste solutions (sweet, sour, bitter, salty, umami) while their mimic reactions were registered simultaneously.
2. Subjects were administered an inventory of personality style.

**Results:** Analysis of variance demonstrated that anorectics showed significantly more positive reactions to higher concentrations of sweet taste solutions. This did not hold true for other basic tastes. Basic mimic features were combined to an index of aversion. Bulimic adolescents had significantly higher scores of aversion.

**Conclusions:** Berridge (1996) distinguishes a liking system and a wanting system. Anorectics still like most food or tastes while their wanting behavior appears changed. Bulimics however show an almost complete dissociation of the two systems.

## THE CHANGE OF SELFREGULATION IN THE BEHAVIOR THERAPY OF ANOREXIA NERVOSA 472

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**Objective:** J. Kuhl's theory of selfregulation is used for analyzing the treatment process. One of the key concepts is state orientation. State orientation is defined as catastatic mode of self control. Several empirical studies with adults show that state orientation is associated with psychological disorders. We postulated that a successful behavioral treatment of anorexia nervosa should not only supports her weight gain but also reduces her state orientation.

**Sample:** Six female patients in the age of 14-16 years were treated in our clinic for 10-16 weeks with behavior therapy.

**Method:** Repeated measurements (t=4) with Kuhl's volitional components inventory, the german version of the children's depression inventory and daily weight control.

**Results:** Before treatment all patients are state oriented and depressive. In general the treatment reduces state orientation, depression, and improves weight. At the end of the indoor treatment the patients show higher scores on the subscales selfdetermination and impulse control and lower scores on volitional passivity and hesitation. But we observe only small effects in the reduction of fear of failure.

**Conclusions:** The measurement of selfregulation is a useful tool for a treatment evaluation. We learn from our results that we have to change our setting in so far, that our patients getting more support for a better coping with their fear of failure. For further conclusions we need more patients.

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## Out-patient group psychotherapy in eating disorders

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**Objective:** To establish a concept of time-limited group psychotherapy for adolescent out-patients with eating disorders. This setting is generally regarded as rather demanding for these patients because of narcissistic problems and their drive for autonomy.

### **Methods:**

- We developed a semi-structured concept of ten sessions.
- The sessions were video-taped and rated by patients and therapists with regard to different aspects such as amount of participation, group atmosphere and cohesion.
- Different measures (BMI, FBK, CBCL) were taken regularly.

**Results:** All seven patients (three anorectic, four bulimic) of the exemplarily presented course of group therapy completed therapy and regarded it as very helpful. Two patients needed hospitalization with a following good outcome. The other patients continued out-patient therapy for different lengths of time.

Weight gain alone did not parallel mood improvement and self acceptance. With growing group cohesion the adolescents needed less structuring help and managed to elaborate on even shameful topics.

All of the adolescents wished to continue group therapy.

**Conclusions:** Short-term group psychotherapy is well accepted by adolescent out-patients with eating disorders and appears to be helpful in reducing symptoms and furthering compliance.

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## KATAMNESTIC STUDY OF THE PSYCHOSOCIAL OUTCOME IN EARLY ONSET ANOREXIA NERVOSA

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**Objective:** The aim was to establish significant features of the psychosocial outcome in early onset Anorexia nervosa focusing on persistence of eating disorder, psychosocial functioning and psychosexual integration.

**Method:** In a multicentre setting we recruited a sample of 58 patients with age of onset 13 years or younger meeting the diagnostic criteria of DSM or ICD 10 for Anorexia nervosa on hospital admission. To obtain comparable data for future studies the following standardized questionnaires were used in the personal interview: SIAB (Structured Interview for Anorexia and Bulimia nervosa, Fichter et al., 1991); CIDI (Composite International Diagnostic Interview, WHO 1990); Body Shape Questionnaire (Cooper et al. 1987); EDI (Eating Disorder Inventory, Garner et al. 1983); Marburg Structured Interview (Remschmidt et al. 1988, Wienand, Wewetzer 1990).

**Results:** Of the 58 patients 39 females and 4 males agreed to participate. Average age on examination was 20.1 (+3.2) years (range 3.2-14.3) after onset. 63 % showed no more physical signs of a persisting eating disorder. 50 % still presented significant disturbance in body perception, 57 % excessive fear of gaining weight. 49 % had not acquired adequate independence from parents and showed decreased social contacts. Only 50 % had normal age specific psychosexual functioning. There were marked tendencies for depressive and anxiety disorders.

**Discussion:** Significant psychosocial disturbances were found in at least 50 % of our patients despite a good physical outcome. The standardized questionnaires provided consistent results for this katamnestic study. Polarization within the sample regarding general outcome made it difficult to interpret average group scores.



**POSTER SYMPOSIUM****PS 21****RISK FACTORS****474 - 482****COMPETENCE AND PROBLEMS OF FINNISH SCHOOLCHILDREN****475**

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**Objective:** The social competence and psychiatric symptoms as reported by mothers, fathers and teachers of 189 eight-year-old schoolchildren born in Tampere, Finland were assessed in a postal survey.

**Methods:** Achenbach's CBCL forms were filled in by mothers (n=189) and fathers (n=122). Teacher Report Forms were filled in by teachers (n=157). The means and standard deviations of total competence scores, total problem scores and internalizing and externalizing scores were computed. Differences between mothers' and fathers' reports and between girls' and boys' scores as reported by mothers, fathers and teachers were assessed.

**Results:** There were no remarkable differences between the mothers' and the fathers' views regarding the social competence scores. However, the mothers reported more symptoms in their children than the fathers did. Boys had more externalizing symptoms than girls according to the mothers' and the teachers' reports. According to TRF, the greatest gender differences were found in assessments of behaving and working. The CBCL scores in this study concurred with the CBCL scores obtained in studies conducted in the USA, the Netherlands and Iceland.

**Discussion:** Interestingly, parents agreed significantly on their child's competence but disagreed clearly on their child's symptoms. Teachers found significant gender differences more in adaptive functioning than in problem scores.

**474****INTERNAL CONFLICTS AND STRUCTURES - AN EAST - WEST COMPARISON**

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**Objective:** Differences concerning internal conflicts and personal structures between adolescent patients grown up under the social conditions of former East-Berlin respectively West-Berlin are often postulated.

**Methods:** 100 psychoanalytical histories, 50 of adolescent patients from East-Berlin, 50 from West-Berlin were analysed according to the methods of deductive text analysis. Two raters classified independently internal conflicts and integration level of personal structures of the patients according to the Operationalised Psychodynamic Diagnostic (OPD).

**Results:** Autonomy conflicts, autaracy conflicts, and self-esteem conflicts were most common. Self-esteem conflicts highly correlated with inpatient state, autaracy conflicts with outpatient state. There were no differences between eastern and western, male and female patients. Moderately and poorly integrated personal structures were most common. Poorly integrated structures were connected with inpatient state, highly integrated structures with outpatient state. There were no differences between eastern and western, male and female patients. Regression analysis showed that integration levels of personal structure did not correlate with special internal conflicts.

**Conclusions:** Using the psychodynamic classification system OPD no differences were found concerning internal conflicts and personal structures between adolescent patients grown up in East-Berlin and in West-Berlin.

**476****BORDERLINE DISORDERS AND SCHOOL PROBLEMS AT THE YOUNGER SCHOOLBOYS**

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Data from previous studies suggests that the school disadaptation is caused by lagging behind at more than 80% cases. The aim of our study was to investigate the structure of psychopathological disorders at 70 schoolboys of 1-3 classes (45 boys and 25 girls), directed on examination due to their lagging behind. It was founded that the residual-organic insufficiency of CNS including the features of cerebro-asthenic, hyperdynamic and psychopatic syndromes were the most frequency (49 children). Most children with the residual-organic insufficiency of CNS had the speech disorders of a various degree, or such problems in preschool age were marked. Almost in half of cases the residual-organic insufficiency of CNS was combined with a general delay of mental development (21 children). In 15 cases the pathocharacterological disorders, mainly schizoid (8 children) were diagnosed. At several children, including someone with a residual-organic insufficiency of CNS, school problems associated with neurotic reactions, more often depressive. At isolated cases endogenous depressive disorders and residual features of early infant schizophrenia were founded. Complex approach with the efforts of psychiatrists, speech therapists, defectologists, psychologists, social workers and lawyers was required to treat the school problems, including the lagging behind and to prevent its in future.

**RISK, COMPENSATORY, AND PROTECTIVE FACTORS INFLUENCING MENTAL HEALTH IN ADOLESCENCE***H.-C. Steinhausen and C. Winkler Metzke**Department of Child and Adolescent Psychiatry, University of Zurich, CH - 8023 Zurich, Switzerland*

**Objective:** The aim of the study was to elucidate the role of general risk factors for mental disorders as well as compensatory, protective and vulnerability factors in a general population sample of preadolescent and adolescent students.

**Methods:** Data were collected in a representative sample of 1110 ten to seventeen year-old subjects of a school-based quota sample in the Canton of Zurich, Switzerland. The factors under study were assessed using questionnaires. The Youth Self Report (YSR) was used as an indicator of mental health or disorder. Further instruments were concerned with stress that was related to life events, coping strategies, self-esteem, and self awareness, parental child-rearing behaviors, the school environment, and the social network.

**Results:** General risk factors for both sexes included increased self awareness, avoidance behavior, perceived psychological pressure from the parents, competitive behavior, pressure to achieve, and controlling behavior of the teachers. General compensatory factors included increased self-esteem, parental emotional warmth and peer acceptance. Avoidance behavior and perceived psychological pressure from the parents were vulnerability factors for internalizing problems for both sexes, parental emotional warmth, peer acceptance and the efficiency of the social network were protective factors for internalizing problems for both sexes. In addition, vulnerability and protective factors for mental health were identified that were gender specific.

**Conclusions:** This large-scale study adds important findings on the role of risk and protective factors as key elements in the field of developmental psychopathology.

**477 ENACTED AND PERCEIVED SOCIAL SUPPORT IN ADOLESCENTS**

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**Objective:** to investigate social support in an adolescent field and clinical sample by self report measurement.

**Methods:** We focus on

1) two different aspects of social support by applying an adopted version of Dubow and Ullman's „Survey of Children's Social Support" (SOCSS):

- Scale of available behaviors (SAB)

- Social support appraisal scale (APP)

2) the relation between social support and the self concept questionnaire „Fragebogen zum Selbstkonzept" - FSK) in the clinical sample

3) the relation between social support and social competence as well as emotional and behavioral problems in the clinical sample (Child Behaviour Checklist - CBCL, Youth Self Report - YSR, Teacher Report Form - TRF)

**Results:** The clinical sample (n=52) shows lower ratings in enacted and perceived social support than the field sample (n=301). Social support correlates positively with the self concept (highest correlation between peer report and self esteem) and with social competence. Negative correlations are found between social support and emotional and behavioral problems (CBCL, TRF). In contrast, no significant correlation is observed between social support and the YSR.

**Conclusions:** Regardless of their symptoms, adolescent patients with internalizing or externalizing problems report low levels of enacted and perceived social support.

**LEARNING ENVIRONMENTS AND MENTAL STATE***C. Winkler Metzke and H.-C. Steinhausen**Department of Child and Adolescent Psychiatry, University of Zurich, CH - 8023 Zurich, Switzerland*

**Objective:** The effect of various learning environments on the degree and course of internalizing and externalizing disorders and the changes in these learning environments were studied.

**Methods:** Data were collected in two waves (1994, 1997) in a school based quota sample of N=661 subjects of a school-based quota sample in the Canton of Zurich, Switzerland. The factors under study were assessed using questionnaires. The Youth Self Report (YSR) was used as an indicator of mental health or disorder. The following attributes of the learning environment were assessed by the pupils: acknowledgment of the classmates, competitive behavior among the pupils, overly authoritative teachers, pressure to perform, opportunities to participate.

**Results:** Using a cluster analysis typical manifestations patterns of the assessed attributes of the learning environment were determined. Five clusters were derived, two of which were determined as being favorable and three as being unfavorable learning environments. The longitudinal analysis revealed that the attributes of the learning environment changed in interaction with the school clusters: there was a positive trend for the unfavorable learning environments and a negative trend for the favorable learning environments. The indicators of mental state also changed in interaction with the school clusters and gender: The manifestation of internalizing and externalizing disorders in a cluster with a negative trend increased more in girls than in boys. In relation to their mental state, the boys profited more than girls from a positive trend of development in a school cluster.

**Conclusions:** The study revealed a strong correlation of the learning environments with internalizing and externalizing disorders in both assessments. Longitudinal changes of the attributes of learning environment may to some extent be due to the regression towards the mean.

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**DO NEW REPRODUCTIVE TECHNIQUES CREATE FAMILIES AT-RISK?***C. Bindt, K. Ohlsen, M. Berger**Department of Psychosomatics (Prof. Dr. med. M. Berger), Hospital for Child and Adolescent Medicine, University of Hamburg*

**Objective:** To investigate long-term coping with infertility and assisted reproduction treatment and the outcome of child development and family relationships in a sample of 46 families with 64 children conceived after IVF. Special attention was given to potential at-risk constellations (e.a. long and complicated treatment, parental anxiety and depression, premature multiple birth) that may occur in this population.

**Method:** Prospective study using semistructured psychodynamic interviews (externally supervised), questionnaires, Bayley-Scales, assessment of parent-child-interaction, pediatric and psychosomatic conditions.

**Results:** The rate of premature birth was 23%, multiple birth 30%. After the postnatal phase, 88% of all children were healthy. In later development one third of the children showed persistent difficulties. While somatic disorders developmental delay were found especially in the multiple birth group psychosomatic disorders occurred more often in healthy singletons. 24% (n=11) of the families were rated as "at-risk". We found at-risk constellation especially after multiple birth, infertility treatment for more than five years prior to conception and non-ambivalent longing for a child.

**Conclusion:** Our findings support the need for adaptive concepts counseling during infertility treatment, pregnancy and the early years of IVF-Children.

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**RISK FACTORS OF MENTAL DISORDERS IN ADOLESCENTS.****481**

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Estonia.

**OBJECTIVE.** The aim of the research was to find out the risk factors of mental disorders in adolescent age.

**METHOD.** For this purpose from 829 urban and country pupils in age 11-18 a present condition of health, living situation at home and at school were asked. The Achenbach's YSR for pupils and a special inventory of history of children's development for parents was used. Temperament type was assessed by original self-report questionnaire (J. Liivamägi, 1997).

**RESULTS.** 23% of pupils had (by Achenbach's method) of borderline or clinical psychosyndromes. The exogenous risk factors of mental disorders appeared as follows: high workload at school (30-50% of pupils), parent's (especially of father's) alcohol abuse (18%), conflicts in family (14%), difficult economical conditions of family (14%), disturbed relationships with peers (18%) or teachers (8%). Endogenous unfavorable factors were: complicated course of pregnancy; choleric ( $p < 0.05$ , more related with conduct disorders) or fourth type of melancholic ( $p < 0.01$ , more related with anxiety and depression) temperament.

**DISCUSSION.** Probably genetic or unfavorable exogenic factors in early stages of life inhibit the development of brain systems and form the susceptibility to life stressors.

**POSTER SYMPOSIUM****PS 22****ASSESSMENT AND EPIDEMIOLOGY****483 - 491****482****483****LIFEPATH INTO CRIMINAL CAREERS**

G. Schmitz, M. Zachariah

Department of Child and Adolescent Psychiatry, University of Kiel, D-24105 Kiel, Germany

**Objective:** The follow-up study of 50 former female adolescent inpatients with truancy and educational disturbances shows determinating factors leading into a criminal career.

**Methods:** In interviews (concerning housing and job-situation, partnership and attachment stability, structure of leisure time, relation to the family) with young women (aged 21), who were our inpatients in average five years ago, we were able to detect important factors for the lifepath either in a prosocial or antisocial track.

**Results:** If the adolescent girls don't find a social environment, "social foyer" with supporting persons, parents, peers or teachers, and when they can't develop stable hobbies and interest structures, then they follow an escapist problem solving of criminality, drug abuse and living as "street arabs". Determinating factors are not only the long-term individual development into adolescence but also the "social foyer" at the end of adolescence.

**THE YU AND US STUDENT'S: PERSONALITY PROFILES IN 1987 AND 1992 - 94.**

V. Dukanac, D. Švrakić, J. Tačić, S. Markov,  
Institute of Mental Health, St. Palmotićeva 39, 11000 Belgrade,  
Yugoslavia

**Objective:** USA and YU students personality profiles were compared in 1987 in the period of relatively calm socio-political situation in both countries, and five years later in the period of the beginning of unstable socio-political situation in YU.

**Methods:** In 1987, the sample was composed of 274 Belgrade University students and 676 Washington University students. In 1992-94, the sample consisted of 480 BU students and 803 WU students. The condition for subjects to participate in the study was absence of acute psychiatric disorder that was determined by three experienced psychiatrists. Also, the subjects who had lifetime history of psychiatric disorder were excluded from the study. We used Cloninger's psychobiological model as theoretical basis for examination of personality.

**Results:** In 1987, the first dimension of temperament was statistically more pronounced with YU students. Statistically significant difference ( $p < 0.001$ ) has been determined for the third and the fourth dimensions of temperament (RD and PS), and the first and the second dimensions of character (SD and C), with these dimensions being more pronounced with USA students. The third dimension of character (ST) was statistically more present with YU students ( $p < 0.001$ ). In 1992-94, the dimensions of T and dimensions of C were more pronounced with US students.

**PSYCHIATRIC AND PSYCHOSOMATIC SYMPTOMS AMONG SCHOOL-AGED CHILDREN IN FINLAND AND IN RUSSIA**

E. Räsänen, K. Kumpulainen, M. Burkin, E. Ananko, S. Zerspinski, I. Henttonen, V. Zlunikin, J. Rybak, T. Timonina, Department of Child Psychiatry, University of Kuopio / Kuopio University Hospital, P.O.B. 1777, FIN-70211 Kuopio, Finland

**Introduction:** The aim of this study was to compare, how the psychiatric and psychosomatic symptoms of 8-9 years old children differ from each others in Kuopio County, Finland, and in Carelia, Russia.

**Method:** The material of the study consists of 1268 Finnish children and 1567 Russian children at the age of 8-9 years. Questionnaires used were Rutter A for parents, CDI for children, and Rutter B for teachers. The cut-off points were 13 in Rutter A, 17 in CDI, and 9 in Rutter B questionnaires.

**Results:** The Russian children seem to have statistically significantly more psychiatric and psychosomatic symptoms than the Finnish children. In particular, hyperactive and psychosomatic symptoms were more prevalent in Russia. The gender difference on the parental scale in Russia was greater than in Finland. According to the parents, especially the severe headache was more common in Carelian children ( $p=0.0000$ ), whereas the soiling (encopresis) occurring many times a week was more common ( $p=0.00005$ ) in Finnish children. The information given by the children themselves shows that both the headache ( $p=0.0000$ ) and stomachache ( $p=0.0000$ ) were more common in Russian children.

**484 PREVALENCE OF BEHAVIORAL SYMPTOMS IN 3-4-5 YEAR-OLD CATALAN CHILDREN 486**

M.C. Jané i Ballabriga, N. Araneda i Garcés, S. Valero i Ventura, E. Domènech-Llaberia  
Departament de Psicologia de la Salut i de Psicologia Social, Universitat Autònoma de Barcelona

**Objective:** To present prevalence data of behavioral symptoms among a community sample of 3, 4 and 5-years-old Catalan children and to examine the relationship between the high scores obtained by some of these preschoolers on the child behavior checklist CBCL (Achenbach and Edelbrock, 1983) and variables related with the child and the family.

**Method:** The sample was drawn in October 1996 in the city of Sabadell (Vallès Occidental, Barcelona). This area encompassed over 5865 preschool children. The sampling selection was done through a stratified, clustered and random sampling. A total of 1365 preschoolers aged 3-5 was selected. The parents were requested to complete a battery of questionnaires and to inform about demographic data, family relationships and recent life-events. 1006 families returned all the questionnaires fulfilled. These data were analyzed using the statistical package SPSS. Prevalence rates, using CBCL data, could be calculated for the whole sample. A child was considered a "case" if he/she scored at or above  $T>70$  in CBCL total scores behavior. Finally, association between child, parent and family variables and the behavior checklist scores was addressed using variable analysis (ANOVA).

**Results:** The rate of the total behavior symptoms was 3.68%. Statistic analysis indicated nor sex neither age differences for overall rates. Significant Odds ratios for the CBCL total behavioral scale were 5.72 Odds for mother depression and 2.83 Odds for surgical interventions. ANOVA analysis was significant in minority family status ( $F= 7.226$ ;  $p < .0005$ ).

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**MENTAL DISADAPTATION AND SINGULARITY OF THE PUPILS' PHENOTYPE**

O.O. Drevitska  
Ukrainian Research Institute of Social and Forensic Psychiatry, Kiev, Ukraine

600 Children of junior school age of different schools in Kiev were studied. Investigation included: a chat with the child; the account (record-keeping) of progress level, his or her characteristics by the teacher and parents; study of health condition, including mental status; study of condition of central and vegetative nervous systems, verbal and nonverbal psychological tests; and measurement and fixing of the enumeration of recessive phenotypical signs. Among the socially unsuccessful and less adapted pupils we found out the accumulation of recessive phenotypical signs quantity. They had statistically significant accumulation of the following exterior singularities: asthenic type of constitution, left handed, chronic tonsillitis at the stage of decompensation; recessive phenotypical signs of child face features according to the Kusic enumeration, empirically established peculiarities of palm furrows curve position – As a rule, the parents of less satisfied children also had the problems of psychological adaptation, they had biological singularities of psychological reactions, for example, increased stimulation or rigidity. The psychological and social help to the pupils with hampered adaptation will be more effective with allowance of scientific data about their singularities of mental reactions.

**CASCAP (Clinical Assessment Scale of Child and Adolescent Psychopathology) in a Multicenter Study- Analysis within four Samples of Clinics of Child and Adolescent Psychiatry**  
T. Wolff Metternich, M. Döpfner, W. Berner, E. Engler, K. Lenz, U. Lehmkuhl, G. Lehmkuhl, F. Poustka, H.-Ch. Steinhausen  
Departments of Child and Adolescent Psychiatry at the Universities of Cologne, Frankfurt, Berlin and Zurich

**Objective and Method:** The goal of the multicenter study with the Clinical Assessment Scale of Child and Adolescent Psychopathology (CASCAP) in a sample of  $N= 5027$  patients from the inpatient and outpatient clinics of psychiatry and psychotherapy of childhood and adolescence of the universities of Berlin (Virchow Clinic), Frankfurt, Cologne and Zurich is the comparison of the clinical populations of these institutions with respect to single symptoms, to symptom scales and to a supreme level of aggregation, the clinical diagnoses according to ICD-10.

**Results:** On the level of diagnoses similar distributions can be found in the centers, but there are also significant differences between the centers. These differences can be found as well on the level of symptom scales and single symptoms, though the deviations are comparatively low.

**Attachment in Finnish Singletons and Twins**

A. Kunelius, T. Tirkkonen, I. Moilanen  
Department of Child Psychiatry, University of Oulu, Finland

**Objective:** 18-months old children including twins and singletons were assessed to find out infant-mother and infant-father attachment. It was also tested if the order with whom parent child is first assessed effects to the results.

**Methods:** Newly developed modification of Ainsworth infant classificatory system, Preschool Assessment of Attachment (PAA) was used. Assessments were made during the same day to both mother-infant and father-infant dyads.

**Results:** In the whole sample about one third of the children were assessed to be Type A, one third Type B, one fifth Type C and the rest insecurely other attached to both mothers and fathers. When including only those dyads where the child was assessed only with one of the parents, there were most but not significantly A Type attached children to mothers and B Type attached children to fathers. The order in which assessments were made effected to mother-infant assessments but not to father-infant assessments.

**Conclusions:** 18 months old children's attachment quality assessed with PAA shows fewer B Type children and more A Type children compared to Ainsworth's distribution of attachment quality of 12 months old children. This may be common phenomena when assessing preschool aged children. Assessments of both mother-infant and father-infant dyads during the same day can't be recommended although there was no effect to father-infant assessments.

### ATTACHMENT AND INTELLIGENCE IN FINNISH TODDLERS

*T. Tirkkonen, T. Tapio, A. Kunelius, I. Moilanen*  
Clinic of Child Psychiatry, University of Oulu,  
FIN 90220 Oulu, Finland

**Objective:** A longitudinal study examined the early attachment representations in relation to intelligence level at toddler-age. Subjects were Fifty-two twins (21 male, 31 female) and twenty-seven singletons (16 male, 11 female) (N=79). We hypothesized that secure and defended insecure toddlers would perform better on intelligence test than coercive and disorganized way insecure children.

**Methods:** At 18 months infants participated in Strange Situation Test. One and a half year later (average age of child was 36 months) they were tested by Stanford-Binet for measuring intelligence level.

**Results:** Defended insecure and secure attachment quality especially with father attained the highest IQ. The social status of the family and mature pregnancy were also significantly linked to the higher intelligence levels.

### 488 ETHNIC FACTORS AND BEHAVIOR PROBLEMS IN 490 SAMI AND KVEN YOUTH

*S. Kvernmo, S. Heyerdahl*

University of Tromsø (Kvernmo) Regional Center for Research and Training in Child and Adolescents Psychiatry: Region East and South (Heyerdahl)

**Objective:** To study selfreported behavior problems in three ethnic groups in northern Norway, and associations between acculturation strategies and ethnic identity and behavior problems in indigenous Sami and descendent immigrant Kven adolescents. The impact of contextual variation is also studied.

**Method:** Youth Self Report (YSR), Multiethnic Identity Measure (MEIM), and Acculturation Strategies were completed by 604 Sami and 322 Kvens high school students, aged 15 to 18 years.

**Results:** There were few significant differences in behavior problems between the ethnic groups. However, important within-group variation occurred. The impact of ethnocultural factors on behavior problems differed between the groups, for females and males, and for adolescents living in different ethnic contexts. The effects were strongest in Sami males living in ethnic contexts with low density of Sami. For this particular area marginalization (acculturation strategy) explained 33% of the variance in internalizing problems, 42% of variance in withdrawn behavior and 26% in delinquent behavior. For Kvens, ethnic identity and parentage were the strongest predictors of behavior problems.

**Conclusion:** The study revealed important within group variation in the effect of ethnocultural factors on behavior problems. Marginalization attitudes and ethnic context had large effects on behavior problems, with strongest effect for indigenous Sami males.

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### A COMPARISON BETWEEN BULLIES AND VICTIMS

*S. La Barbera, V. Guli, M. Roccella*

Psychology Department, Palermo University, Italy

**Objective:** To evaluate the school bullying phenomenon.

**Methods:** We tested and randomized forty-two pupils; twenty-three boys and nineteen girls from secondary school 3<sup>rd</sup> media classes and 2<sup>nd</sup> media class.

We selected for our research a school set in a disadvantaged and risky background. The tool used for our research is made up of nine images used as a stimulus and an answer notebook. The images were given to all the pupils of each class: every boy had to answer according to his own impression or idea.

The images were carried out by computer according to the Italian translation of the questionnaire by Whitney and Smith (1993); it consists of twenty-six multiple choice questions about bullying acted and suffered at school.

We selected questions testing "to suffer bullying", "where you suffered bullying", "to bully", "to speak of suffered bullying", and "to feel alone at school".

**Results:** From the emerged results it may be inferred that: every boy expressed his own real loneliness; the adult isn't able to listen to children and help them to solve their problems concerning the social relations inside the class.

Examining the different experiences between males and females, victims and bullies, it generally came out that the children both victims and bullies aren't yet aware of their own physical image and consequently of their own identity, indispensable condition for a psychic balance; their fear emerged, they are unable to react and live everything passively. The almost always lack confidence. From the above mentioned elements we can get information about the social handicaps of both the victim and bully who react to the difficulties in a way that sharpens their own loneliness and the repetition of bullying and passive behaviours. Even the girls who fall victims both physical and verbal bullying showed a feeling of powerless and suffering. **Conclusions:**

Different researches show a deep correlation among learning difficulties, social-economic-cultural disadvantage and involvement in deviant or micro delinquent activities. From this research it comes out the necessity of examining again the problem of handicap and violence in a global vision, reading the needs of the individual within a network of relations rising from a well defined system of relationship. The given stimulus besides offered the children the opportunity to think about their own behaviour and the educational operator to consider their problem not only pertinent to school and teachers but relevant to a series of social, cultural contradictions which involve their life environment.

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**POSTER SYMPOSIUM****PS 23****LANGUAGE DISORDERS AND MENTAL  
RETARDATION****492 - 498****NEUROPSYCHOLOGICAL AND EEG CORRELATIONS IN  
STUTTERING CHILDREN***E. Dmitrieva \**, *S. Guelman \*\**, *I. Koroleva \*\*\**, *S. Saraev \*\*\**,  
*K. Zaitzeva\***\*Inst. of Evol. Physiol. & Biochem., \*\*Med. Academy of Postgraduate  
Students, \*\*\*Research Inst. of ENT & Speech*

**Objective:** Last studies of stuttering from a neuropsychological perspective showed that a neurological central dysfunction might be an etiological factor in stuttering. The present study examines the cerebral lateralization for speech emotions perception in stuttering and fluent children using psychoacoustical research and EEG experiments.

**Methods:** 59 normals and 37 stutterers from 7 to 17 years old participated in the study. The acoustical stimuli consisted of a sentence spoken in positive, negative and neutral tones of voice. Each stimulus sentence were paired with white noise of the same presentation volume dichotically. EEG recordings were obtained method during a resting condition on a 19-channel machine using monopolar. The phase-frequency-power computer analysis was carried out. The results of both procedures were submitted to analyses of variance and a correlation analyses (Pearson correlation matrices).

**Results:** The psychoacoustical experiments revealed that in stutterers it is the left not right (as in normals) hemisphere that is preferentially involved in mediating of emotional component of speech signal in noiseless conditions. The deviant EEG characteristics were observed in thy right hemisphere (RH) of stutterers. The significant correlation for dominance inversion for speech emotion perception and abnormalities of RH EEG was obtained mainly in children of 11-13 years old.

**Conclusions:** The results confirmed the hypothesis that the aberrant functional hemispheric specialization might be the predisposing factor in the stammering etiopathogenesis.

**LIFE EVENTS AND ONSET OF STUTTERING IN CHILDREN****493***A. Kondyli, V. Hantzara, D. Pitsouni, I. Tsiantis.*  
*"Agia Sofia" Chindrens' Hospital, Department of  
Psychological Pediatrics, Athens, Greece.*

**Objective:** To study the relationship between the onset of stuttering in children and trigger events.

**Method:** We studied 57 children (39 boys - 18 girls) aged 2-15,5 years with stuttering as main symptom. The evaluation was done with undirected psychiatric interview with the children (2-3 interviews) as well as with their parents who also filled in the Life Event Scale (LES), for the year prior to the onset of stuttering.

**Results:** In 24 children (42,1%) the stuttering was connected with a specific event: in 9 children with the beginning of toilet training, in 6 with mother starting to work, in 3 with the beginning of nursery school and mother starting to work, in 4 with a sibling's birth, in 2 with hospitalization and being operated and in 1 child with divorce and mother starting to work. Of the 33 children without recognizable life event, 27 (81,7%) were older than 8,5 years, the stuttering existed for more than 4 years and the parents could not reliably fill in the LES.

**Discussion:** In nearly half of the children who begin to stutter there is one or more triggering factors, the more usual being the toilet training and the mother starting to work.

**492****494****Developmental Language Delay in Preschool Children (follow-up study)***M. Levinsky,*  
*Rehabilitation Center for Children with Disability,*  
*Odessa, Ukraine*

**Objective:** We assessed 750 children during 1989-1998 at ages three, five and seven years in order to estimate the nature, prevalence, stability and significance of developmental language delays in three-year-olds.

**Methods:** Assessments included language development (ELM scale etc.), intelligence (WPPSI, WISC-R, DDST etc.), fine and gross motor coordination (DDST etc), neuropsychological assessment (Luria test adopted for children by Simernitskaya, 1990).

**Results:** According with data of assessment we divided children on three types of language delay at age three: delayed verbal comprehension only, delayed verbal expression only and delayed development in both aspects of language. Follow-up testing at age five and seven indicated that the specific language delays were not highly stable, whereas delays in both aspects were highly stable. A large proportion of the latter children gained very low scores on the measures at age five and seven, and they accounted for 84 and 87 per cent accordingly of all children with very low intelligence.

**Conclusions:** The implications of the results for a screening program to identify three-year-old children at high risk of later development delays are considered.

**VISUAL PERCEPTION IN PRESCHOOLERS WITH DEVELOPMENT DISABILITY**

*Victoria Gulyas, Marius Mircea  
Clinical Hospital for Child and Adolescent Neurology and  
Psychiatry, Timisoara, Romania*

**Objective:** The study shows some visual perceptive differences between preschoolers who speak two languages, those who speak one language and those with mild mental retardation, during a three years period.

**Method:** In this respect and with recovery purpose, we have used the visual perception development test M. Frostig. We have studied three preschoolers groups: the first from a kindergarten with romanian language of teaching, the second from a kindergarten with german language of teaching and the third-preschoolers with mild mental retardation (IQ=50-70) from institution.

**Results:** We have found that there are similarities between children from the first and the second group, even those from the second group have obtained better performances. Children from the third group have obtained lower results, even during the programme they could get better scores.

**Conclusions:** The programme we have used proved to be efficient and with practic applicability in prevention of specific development disorders and dispraxia in preschooler education and even more for the first two years of elementary school.

**READING IMPAIRMENT IN ADULTS WITH MILD MENTAL RETARDATION**

*D.Cohen, J Ph Rivière, D Chauvin, N Hambourg, O Lanthier, L Chatelet  
Department of Child and Adolescent Psychiatry, CHU Pitié-Salpêtrière, 47 blvd de l'Hopital, 75013, Paris, France.*

**Objective:** To assess reading impairment in adults with mild mental retardation. **Method:** A standardized evaluation was administrated to a representative sample (N=70) of young adults with mild mental retardation. The evaluation included a psychiatric interview, the WAIS-R, and a 2 hours interview with a speech therapist on reading impairment. **Results:** As expected, origin of mental retardation was diverse in the sample, and IQ scores ranged from 45 to 78. All subjects exhibited reading impairment, including in written word identification (63 % of the subjects with severe impairment), phonological confusion (35 % id), grapho-morphem use for overall meaning of a sentence (80 % id), understanding of a narrative text (95 % id), information seeking in a document (91 % id). **Conclusion:** Reading impairment in adults with mild mental retardation are underevaluated and undertreated. Strategies of remediation should be promoted and will be discussed.

**495 RISPERDAL THERAPY AMONG MENTALLY RETARDED CHILDREN WITH AGGRESSIVE BEHAVIOR 497**

*K. Kapornai, Á. Vetró  
Department of Child and Adolescent Psychiatry, Szent-Györgyi  
Albert Medical University, Szeged, Hungary*

**Objective:** The effectiveness of risperidone therapy was examined among mentally retarded children with aggressive behavior or conduct disorder. Six children (between 5 and 12 years). Out of them five were boys and one girl.

**Methods:**

- 1.) For diagnosing clinical observations, parental scales, psychological and cognitive tests (Nisonger Child Behavior Rating Form, Vineland, Aberrant Behavior Checklist Child Symptom Inventory - Parent Checklist, IQ test) were involved.
- 2.) After medicine taking and weekly consultant's rounds any changes were investigated.
- 3.) Counseling for parents, involving teachers and caretakers.
- 4.) On the basis of the comparison of the tests we traced any improvement in their behaviour.

**Results:** 5 children are being treated continuously in medical therapy. One child was dropped out due to the lack of parental support. In the cases of four children significant improvement can be observed on the basis of their clinical behavior and their parental tests.

**Conclusions:** Risperidone was effective in our study in decreasing aggressive behavior among children with mental retardation. For validation of our results further studies are needed.

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**NEUROPSYCHOMOTOR DEVELOPMENT ESTIMATE OF 0-3 YEARS CHILD ON BEHAVIORS**

*O. Cravcevschi  
Nursery Buzău, Romania*

**Objective:** In about 27 years of activity, 5600 0-3 years children were investigated in order to:

1. Estimate the quantifiable neuropsychomotor development level applying the following formula:  $QD = x * 100 \setminus nr. \text{ points specific to the age } QD - \text{ Development Quotient}; X - \text{ number of points achieved at NBT (Nursery Buzau Test) at testing age}$
2. Precociously diagnose the handicap's different aspects: (dis)harmonious, temperate, marked, etc.
3. Find methods of rehabilitation for the remaining functions, knowing the "under 3 years" interconditioning behavior laws.

**Methods:** 0-3 years children of diverse origin were investigated:

1. The NBT items selection was made gradually depending on age, their complexity, respecting the specific features of nrm development of 0-3 years child and the interconditioning behavior laws. The results were registered in a certain graphical order on the test. (NBT exhibition and the behavior conditioning scheme).
2. This test was checked on other groups of normally developed 0-3 years children (3360 children).
3. After diagnosing the handicap's forms and degree, recovery programs were initiated, as well as the graphical estimate of progress in rehabilitation. (PAC Gunzburg primary and Schaltenbrandt - Bobath - Cravcevschi Scale).
4. Educators \ work groups focused on estimate and recovery problems (especially in nurseries with children prolonged-hospitalized).

**Results:**

1. The clinical aspects of the retard depending on the origin.
2. The rehabilitation efficiency at the end of 3-4 years of watching on children.

**Conclusions:** I think this paper is unique through the NBT - quantifiable: this allows both estimate and retard rehabilitation solutions of 0-3 years child.

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**Saturday, Sept 18, 1999**



**STATE OF THE ART LECTURES**

SL 05 - SL 06

499 - 500

**RECENT ADVANCES IN THE STUDY OF MAJOR DEPRESSION**

*L. Goodyer, Department of Psychiatry, Developmental Psychiatry Section, University of Cambridge, UK*

**Background** Changes in adrenal steroids have been described during an episode of major depression. There is little information, however, on whether particular patterns of steroids also precede the onset of depression.

**Aims** To determine if adolescents selected for high risk of psychopathology are more likely than those at low risk to experience an episode of major depression in the subsequent 12 months and to establish if loss of diurnal rhythm in salivary cortisol and/or DHEA precedes and is associated with the onset of this disorder.

**Method** Adolescents (n=1451), aged 12 to 16 years, from three secondary schools in Cambridgeshire were screened for the presence of five types of environmental risks. Two sub groups at high (two or more) (n=181) and low (one or less) (n=65) risk, and all currently well, gave salivary samples at two time points (0800 and 2000 hrs) for hormone estimations, completed self reports on current mood and cognitive style and were interviewed for recent psychiatric disorder at entry and again at 12 months.

**Results** At entry lower self esteem, higher levels of negative mood and ruminative cognitive style were associated with being at high risk. By contrast neither hormone was associated with risk status or self reports of self esteem, current mood or cognitive style. First episode onsets of major depression were confined almost exclusively to the high risk group but not associated with a particular combination or pattern of risk at entry. In high risk subjects, increased negative mood together with both high cortisol (0800hrs) and DHEA (2000hrs) reactivity at entry were associated with the subsequent onset of major depression.

**Conclusions** Both negative mood and feelings and alterations adrenal steroid function contribute to the onset of first episode major depression in adolescents. Variation in levels of hormones may arise from more distal origins than recent life events and current ongoing difficulties.

**Declaration of Interest** Funding provided by the Wellcome Trust.

**HYPERKINETIC DISORDERS**

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*Dept. Child and Adolescent Psychiatry, Zurich University, Neumünsterallee 9, CH-8032 Zurich*

Children and adolescents with the syndrome of hyperactive, inattentive, and impulsive behavior are at risk for serious developmental impairments and behavioral dysfunction in various settings, i.e., at home, school, and in the community.

The understanding of the etiology of the disorder has profited substantially from recent advances in cognitive, genetic, and neurobiological research. Cognitive research has brought up deficient response inhibition as the major focus in order to explain impulsiveness as one of the core symptoms of HKD. Various models have been put forward and empirically tested. Recent genetic findings identified two candidate genes, i.e., the dopamine transporter gene (DAT) and the D4 dopamine receptor gene (DRD4) as potential contributors to the control of neurotransmitter functions in ADHD. Replication of these findings is warranted. Neurobiological research has proposed various neuroanatomical systems with reduced dopamine functions located in different parts of the brain. The resulting neurochemical imbalances have been linked with the core symptoms of HKD and the effects of medication.

The clinical assessment requires information from various sources, i.e., the child, the parents, and the school, using interviews and specific checklists. Physical examination, including neurodevelopmental status, is always needed. Neuropsychological testing and additional laboratory investigations should not be routine but may be indicated in special children. Pharmacological and behavioral treatment are the two primary modalities. These two approaches are essential for any successful intervention in HKD patients. So far, stimulants are still the drug of first choice, whereas antidepressants and some neuroleptics may be indicated in special children and when stimulants fail to be effective. Behavioral treatment packages emphasize self-management strategies and parent training programs. Optional treatment components include other forms of psychosocial interventions, depending on comorbidity and contextual factors.

Given the relatively poor prognosis and chronicity of the disorder, there is a strong need for continuous care of these patients by experienced clinicians. The outcome varies according to the presence of comorbid disorders with coexistent conduct disorders implying a poor outcome. During preadolescence and adolescence, there is high stability of behavioral, cognitive, and neurophysiological features of the disorder. North American long-term outcome studies indicate an increased risk for delinquency and substance-use disorders. So far, very little is known about the extent to which rigorous intervention affects outcome. A large group of adults with residual HKD still requires competent multimodal

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**PLENARY LECTURE****PL 04****NEUROBIOLOGY OF DISRUPTIVE BEHAVIOUR  
DISORDERS****501****SYMPOSIUM****SY38****GENETICS IN CHILD PSYCHIATRY****502 - 505****501****502****THE NEUROBIOLOGY OF DISRUPTIVE BEHAVIOUR  
DISORDERS**

*Prof.dr. H. van Engeland*  
*University of Utrecht, The Netherlands*

Epidemiological research has made clear that environmental factors (family disharmony, abuse, neglect) play a major etiological role in disruptive behaviour disorders. However, recently family genetic studies suggest that in "life time persistent conduct disorders" in particular genetic factors may play a major role. These findings urge us to think about the pathophysiology of disruptive behaviour disorders; what mechanisms are involved in the manifestation of externalizing disorders; are there biological targets for therapeutic interventions? In the past decade some neuropsychological, neurochemical, neuro-endocrinological, psychophysiological and neuroimaging studies have been carried out revealing considerable deviancies on all parameters studied in children with disruptive behaviour disorders.

In this presentation an overview of the results (state of the art) will be given; new results from the Utrecht-group will be presented and possibilities for future research and therapeutic interventions will be discussed.

**GENETICS AND CHILD PSYCHIATRY:  
ACCOMPLISHMENTS AND CHALLENGES AHEAD**

*Chair:*

*Michael Rutter, UK*

*Speakers:*

1. *Judy Silberg (USA) & Michael Rutter (UK):  
Depressive Disorders*
2. *Anthony Bailey (England):  
Autism*
3. *Emily Simonoff (England):  
Disruptive Behaviour Disorders*

*Discussants:*

*Anita Thapar (Wales), Richard Harrington (England)*

This symposium will seek to review the current state of understanding of the role of genetic influences on child and adolescent psychopathology in the light of concepts and empirical findings from both quantitative and molecular genetics. Attention will be drawn to both research strengths and research problems, with a look ahead to the investigative challenges that remain and to the clinical implications now and as they are likely to apply in the future.

**GENE-ENVIRONMENT INTERPLAY IN DEPRESSIVE DISORDERS: 503***J. Silberg, M. Rutter**Department of Human Genetics, Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University, Richmond, Virginia 23298-003, USA*

Twin, family and adoptee studies data on depressive disorders will be reviewed, with special reference to the findings on those with an onset in childhood and adolescence. The limited evidence on gene-environment correlations and interactions will be considered in terms of the implications for nature-nurture interplay in the risk processes for depression. Possible heterogeneity will be discussed in relation to unipolar-bipolar distinctions, age of onset, gender, and comorbidity. The potential of molecular genetics will be considered in the light of the largely inconclusive findings so far. The possible clinical implications of genetic factors will be noted.

**GENE-ENVIRONMENT INTERPLAY IN DISRUPTIVE BEHAVIOUR 505***E. Simonoff*

Twin, family, and adoptee studies data on the variety of disorders involving disruptive behaviour will be reviewed with special reference to possible heterogeneity with respect to diagnostic distinctions such as those between life course persistent and adolescence limited antisocial behaviour, and those associated or not associated with hyperactivity/inattention. Attention will be drawn to the likely importance of gene-environment correlations and interactions, and to the unresolved question of why antisocial behaviour is more common in males, and of why antisocial behaviour has become so much more frequent during the last 50 years. The likely potential of molecular genetic research will be noted in the context of the limited positive findings so far. Finally, there will be an attempt to consider possible long-term clinical implications.

**504****GENETIC INFLUENCES IN THE LIABILITY TO AUTISM***A. Bailey**MRC Child Psychiatry Unit, 5 Windsor Walk, Denmark Hill, London SE5 8BB, United Kingdom*

Published findings from twin and family studies will be briefly considered in relation to the three main conclusions that: heritability for the underlying liability is very high, that the liability extends well beyond the traditional diagnosis of a severe handicapping disorder, and that it is likely that several interacting susceptibility genes are involved. The positive molecular genetic findings will be reported and the range of research strategies needed to move forward will be discussed with special reference to: an understanding of the meaning of the broader phenotype, the identification of the specific gene responsible for the positive lod score finding on chromosome 7, the determination of the effects of this gene on proteins and on the risk and protective processes leading to the phenotype of autism, and the detection of other susceptibility genes. The likely clinical implications in the future will be noted.

**SYMPOSIUM****SY39****TOWARDS NEW PERSPECTIVES IN AUTISM****506 - 512****Towards New Perspectives in Autism***Poustka, F., Fombonne, E., Bölle, S., Rühl, D., Schmötzer, G., Klauck, S., Beyer, K; Benner, A, Spieler, A, Poustka, A, Bernard-Opitz, V., Nikolova A.*

Fifty years after the animated and original drawing of autistic behaviors by Kanner (1943) and Asperger (1944), the classification of autism obviously is one of the best reliable and validated in child psychiatry.

Evaluated research instruments following the revised algorithm of autism are available and can be used also for clinical training purposes and could serve also as a background for clinical training and treatment program evaluation. Thus, criteria for teaching purposes, clinical needs for general management and for comparability of different research studies warrant specific schemes. Especially in genetic strategies as affected sib-pair method false positive rates must be avoided, whereas for clinical purposes a high rate of false negative cases would cause misleading efforts.

Moreover autism-specific symptoms and related neuropsychological impairments in the theory of mind, executive functions and in the (weak) central coherence could serve as a specific tool for both research targets as for evaluated training programs.

**The phenotype of autism in the relatives****507*****E Fombonne****Institute of Psychiatry, London, United Kingdom*

Genetic influences in autism are now well established. The rates of autism in siblings of autistic probands can now be estimated to be between 3 to 6% in most studies. Autistic traits in the relatives have also been noted since Kanner and we will review what is known about the rates and types of autism-related behaviours (including communication impairments, social interaction problems, and repetitive and rigid behaviours), which are usually designated as the broad phenotype of autism.

We will also review the findings regarding cognitive deficits, psychiatric disorders, and neuropsychological deficits (theory of mind and executive function deficits) which index the genetic susceptibility to autism.

Directions on future research in the measurement of the broad phenotype will be suggested.

**506****STUDYING THE AUTISTIC PHENOTYPE***Bölle, S., Rühl, D., Schmötzer, G., Poustka, F.**Klinik für Psychiatrie und Psychotherapie des Kindes- und Jugendalters, University of Frankfurt/M, D-60528 Frankfurt, Germany*

**Objective:** We aim to examine and improve the assessment of some variations of the phenotype in autism which could also serve as a basis for familial segregation studies.

**Method:** Various investigations were conducted on a large sample of autistic subjects using data from the German form of the Autism Diagnostic Interview-Revised (ADI-R) and other diagnostic scales.

**Results:** According to classical test-evaluation good psychometric properties could be identified for the ADI-R (and a questionnaire to screen for autism derived from it). However, factor analysis indicated a different organisation of scales. Autistic subjects perform relatively good on spatial and knowledge-based tasks but poor on tests requiring social and planning competencies. There is some evidence that pre- and perinatal factors are interfering to symptom patterns of autism. Autistic subjects seem to share quite a common symptomatology despite exhibiting different levels of language delay and intelligence.

**Conclusions:** As possibly autistic traits and neuropsychological impairments aggregate in family relatives of autistic individuals this may be of value in association and linkage studies to identify DNA markers on the human genome which map to these symptoms independently of varying patterns often flanking autism.

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**Molecular genetic analysis of autism-genome screen and candidate genes****509****Klauck, Sabine<sup>1</sup>; Poustka, F<sup>2</sup>; Beyer, K<sup>1</sup>; Benner, A<sup>1</sup>; Spieler, A<sup>1</sup>; Poustka, A<sup>1</sup>; and the International Molecular Genetic Study of Autism Consortium<sup>4</sup>**<sup>1</sup>Deutsches Krebsforschungszentrum (DKFZ), Molecular Genome Analysis, <sup>3</sup>DKFZ, Biostatistics, Heidelberg, Germany; <sup>2</sup>Dept. of Child & Adolesc. Psychiat. Frankfurt, Germany, <sup>4</sup><http://www.well.ox.ac.uk/~maestrin/iat.html>

**Objectives:** Autism is a severe developmental disorder characterized by marked social deficits, deviant language and stereotyped repetitive behaviors usually occurring within the first 3 years of life. A genetic etiology is strongly indicated by twin and family studies.

**Methods:** A two-stage genome search has been completed in a sample of 99 sib-pair families, identified by the International Molecular Genetic Study of Autism Consortium (IMGSAC).

**Results:** Regions on six chromosomes (4, 7, 10, 16, 19, 22) were identified which generated a maximum lod score (MLS) greater 1. A region on chromosome 7q31-q35 was the most significant result (MLS of 2.53 in all families collected and MLS of 3.55 in the subset of UK families), followed by a region on chromosome 16p. Further sib-pair families are currently being ascertained to replicate these findings. The regions of interest have been followed up by genotyping closely spaced markers in the 7q region and in the 16p region, confirming the initial linkage findings. A unique carefully diagnosed sample of more than 90 trios has been collected in Germany and Austria to identify susceptibility loci for autism using linkage disequilibrium mapping and a positional candidate strategy. Results of family-based association studies with markers in the candidate region will be presented.

**Interrater und Retest reliability of the ADI-R algorithm on autism****511****Nikolova, A.<sup>1</sup>; Boelte, S.<sup>2</sup>; Poustka, F.<sup>2</sup>**<sup>1</sup>University of Sofia, Bulgaria; <sup>2</sup>University Frankfurt/M, Germany

**Objectives:** The first Out-Patient Service for Autistic Disorder, Medical School of Sofia has been established in 1991. On average 55 children suspected for PDD are referred to the Service by pediatric and child psychiatric network for the country. The service for treatment includes training of trainers (twice a year) and research. The Diagnostic program includes among others also intensive assessment by ADI-R and ADOS.; the research programs includes retrospective study on autism and recruitment families for genetic study on autism.

**Method:** Using this background the retest of the recall of specific items in the parental interview (ADI-R) was studied. The ADI-R algorithm relies mainly on investigator-based codings of past information of autism specific symptoms elicited from parental sources. Thus, the retest reliability on current and past autism-specific behavior reported was measured on 45 children by 4 experienced interviewers in a 4-6 weeks interval.

**Results:** Not unexpected, kappa measures were higher on inter-rater vs. re-test reliability. However, with some exceptions the majority of kappa values for the reliability of re-test was moderate to fair.

**Discussion:** The results are discussed for their importance for estimates on sensitivity and specificity of classification of autism, particularly to avoid false positive cases in genetic research.

**510****Center- and Home-Based Behavioral Intervention for Young Children with Autism****Bernard-Opitz, V.**

National University of Singapore, Dept. of Social Work &amp; Psychology, Singapore

**Objectives:** Intensive home-based behavioral programs for young children with autism have demonstrated effectiveness in research centers of various Western countries (e.g. the UCLA Young Autism Project). During the last eleven years the author has established the first school- and home-based behavioral intervention programs for children with autism in Singapore. The objective of the present study was to investigate the usefulness of brief intervention programs, combining traditional behavioral and functional teaching methods.

**Methods:** Five children with autism and their parents participated in twelve applied sessions of center- and home-based teaching and six hours of theoretical instructions. Goals were selected with the parents based on functional and motivational aspects. Before and after the training 10 minute samples of videotapes were taken with the trainer and the parents. Pre- post data on individual teaching goals were assessed along with social validity data.

**Results:** Ninety percent of the parents indicated noticeable improvements in their children's compliance and social behavior, which was confirmed by the video-data. Every child was able to achieve at least eight of the teaching targets. Eighty percent of the parents indicated noticeable improvement in communication and imitation skills.

**512****The Children's Social Behaviour Questionnaire****E.F. Luteijn, R.B. Minderaa, A.E. Jackson, F.R. Volkmar**  
University Center for Child and Adolescent Psychiatry,  
Hanzplein 1, 9713 GZ Groningen, The Netherlands

**Objective:** The Children's Social Behaviour Questionnaire is a new instrument to describe a broad range of severe and less severe PDD features. It is especially designed to give children with (milder) PDD features a more clear-cut description.

**Methods:** We examined the CSBQ in:

1. A High Functioning Autistic group (N=95)
2. A PDDNOS group (N=about 300)
3. An ADHD group (N=about 300)
4. A Clinical Control group (N= about 500)
5. A Normal Control group (N=250)

The age of the children was between 4-18 years. Mentally retarded children were excluded from the study.

We compared the CSBQ data with the Autism Behavior Checklist (Krug, Arick, & Almond, 1980) and the Child Behavior Checklist (Achenbach, 1991).

**Results:** The CSBQ contains 5 homogeneous groups of items. The scales referred to:

1. Acting-out behaviours
2. Social Contact Problems
3. Social Insight problems
4. Anxiety
5. Resistance to change

The comparisons with the other instruments pointed out that the CSBQ scales had the highest correlations on scales which have corresponding contents. The 5 groups showed a different CSBQ profile on the 5 scales.

**Conclusion:** The CSBQ holds considerable promise in its contribution to a more detailed description of (milder) PDD features in children.

**SYMPOSIUM**

SY40

**QUALITY MANAGEMENT IN CHILD AND ADOLESCENT PSYCHIATRY: FROM CLINICAL GUIDELINES TO THERAPY EVALUATION**

513 - 518

**QUALITY MANAGEMENT IN CHILD AND ADOLESCENT PSYCHIATRY: FROM CLINICAL GUIDELINES TO THERAPY EVALUATION***E. Englert, E. Aronen**Depts. of Child & Adolesc. Psychiatry University Frankfurt/University Helsinki*

The symposium shall bring together methodological strategies that contribute to the development of a framework for systematic quality management in child and adolescent psychiatry:

① The development of clinical practice guidelines in German child and adolescent psychiatry, initiated by the German Association of the Scientific Medical Societies will be outlined with respect to methodological and transfer problems into the health care system.

② The process of implementation of a standards in recording of patient data in German child and adolescent psychiatry as a tool for quality assessment led to the development of a new basic documentation system (BADO), which will be presented together with data from a multicenter pilot study.

③ In the UK, the FOCUS project has been developed to improve the availability and accessibility of research evidence and innovation, to help providers base service provision on evidence of effectiveness. Methods for bridging the gap between research and clinical practice will be discussed and the impact of this range of initiatives will be evaluated.

④ An impressive example of systematic long term evaluation of an early home-based intervention is presented by the Helsinki working group, which followed up a sample of 160 families from infancy to young adulthood. Data from the last follow-up at ages 20 to 21 will be presented.

**THE GERMAN CLINICAL PRACTICE GUIDELINES**

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**B. Blanz**

Department of Child and Adolescent Psychiatry

University of Jena, D-07740 Jena, Germany

**Objective:** Clinical Practice Guidelines (CPG) are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. They are recommendations for patient management and should offer advice to physicians about the different steps of clinical management.

**Methods:** Under the leadership of the German Association for Child and Adolescent Psychiatry and Psychotherapy the development of CPG for diagnosis and treatment of children and adolescents with psychiatric disorders was initiated in 1996. Different groups of experts worked out drafts, which were all reviewed by the same group of 6 experts. The final versions were worked out by consensus conferences.

**Results:** Up to now 33 CPG have been published in the Internet.

**Discussion:** Problems of the process of development and how to implement these guidelines into the health care system will be discussed.

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**IMPLEMENTATION OF A STANDARDISED DOCUMENTATION SYSTEM IN GERMAN CHILD AND ADOLESCENT PSYCHIATRY - RESULTS FROM A MULTICENTER STUDY***E. Englert, J. Jungmann, L. Lam, F. Wienand & F. Poustka**Dept. of Child and Adolescent Psychiatry, University Frankfurt, Germany*

**Method:** A commission for quality management issues in German child and adolescent psychiatry has developed a new basic documentation system (BADO), which includes sociodemographic and anamnestic data, the psychopathological status, the Multiaxial Classification System, codings of applied therapeutic measures and treatment outcome. A multicenter pilot study with a first version of the BADO was conducted with 10 child and adolescent psychiatric hospitals and 8 practitioners, who used the BADO in routine for six months. Data entry was managed by the participants via PC.

**Results:** We received a total of 1,796 completed BADO-records from the hospitals and 810 records from the practitioners.

- The recording of the sociodemographic data was quite reliable with .5 pct. missings, whereas anamnestic data missed in 9.5 pct.
- The ratings on the 16-item psychopathology scale showed high plausibility with inpatients scoring significantly higher than outpatients and diagnosis-specific profiles.
- Wrong codings of axis-one diagnoses occurred in 2.1 pct., implausible combinations of diagnoses in 2.8 pct.
- In the quantification of the applied therapies by direct entry of the number 74.2 pct. had no entry.

**Conclusion:** The introduction of the BADO in different institutional settings had been successful, but several modifications of the coding system had to be done which resulted in the latest BADO version 3.

**CLINICAL AUDIT OF AN IRISH CHILD PSYCHIATRY SERVICE 516***B. Doody, M. Burke**Eastern Health Board Child & Adolescent Psychiatry Service, Dublin, Ireland*

**Objective:** Using Census data, to analyse the demographic characteristics of all new referrals to the service over a period of one year, to determine the nature and severity of problems, the diagnostic categories and treatments received, to assist with service planning and provision.

**Method:** For this purpose:

All new referrals over one year period (Jan. - Dec. '98) Census data from National Census 1996. Clinicians completed specially designed instrument, which records Demographic details, symptom checklist, ICD-10 diagnostic coding, treatment methods and outcome measures.

**Results:** Total number of referrals was 1200 for the period of study. Analysis of data will be completed by the end of February 1999. Preliminary trends indicate boys accounting for almost two thirds of referrals, with conduct and emotional problems predominating. Characteristics of the referred child or adolescent and their families will be compared with the catchment area allowing determination of rates of referral both overall and for specific diagnostic categories.

**Conclusions:** Analysis of data allows evaluation of the service provided, enabling planning to meet identified needs, and also generated a database for future research projects. The study was invaluable in improving cohesion within the service, which covers inner city, suburban and rural areas with a total population of 410,000.

**EFFECTS OF AN EARLY INTERVENTION ON THE PSYCHIATRIC SYMPTOMS OF YOUNG ADULTS 518***Eeva T. Aronen**Department of Child Psychiatry, Hospital for Children and Adolescents, Helsinki University, FI-00250 Helsinki*

**Objective:** To evaluate the long term effects of an early home-based intervention on the quantity and quality of psychiatric symptoms in young adults.

**Methods:** The material consisted of 160 families with a baby born in 1975-76. First, the families were classified with a weighted risk index into low- and high-risk families. Eighty families attended a five-year-long family counseling program (10 times/year). The other half of the families served as a control group for the effects of counseling. The psychiatric symptoms of the young adults were assessed at age 20-21 years by the Young Adult Self Report (YASR, Achenbach) and the Beck Depression Inventory (BDI).

**Results:** The young adults in the counseling families scored significantly less total symptoms on both the YASR and the BDI. The counseling reduced more effectively internal than external symptoms. The counseling was more effective in high- than in low risk families.

**Conclusions:** Home-based early intervention can have positive long-term effects on the mental health of young adults. These results can be used when programs for primary prevention in families with small children are planned.

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**THE FOCUS PROJECT: PROMOTING EFFECTIVE PRACTICE IN CHILD AND ADOLESCENT MENTAL HEALTH SERVICES***C. Joughin**FOCUS Project Manager, The Royal College of Psychiatrists' Research Unit, London*

**Objectives:** UK health policy requires child and adolescent mental health service providers to demonstrate that their services are effective. The FOCUS project has been developed to improve the availability and accessibility of research evidence and innovation, to support the effective commissioning of services and to help providers base service provision on evidence of effectiveness and develop methods of evaluation. Established in 1997, the FOCUS project is based at the Royal College of Psychiatrists' Research Unit in London.

**Methods:** FOCUS is addressing these objectives through a range of initiatives from the development of service standards to providing support for clinicians who wish to develop clinical audit. The main emphasis concerns collating and disseminating research information. This is achieved through the development of Evidence Base Briefings (EBBs) which combine the findings from primary and secondary research with expert opinion and promotes the critical appraisal of papers. The first EBB addresses the use of stimulants in children with Attention Deficit Hyperactivity Disorder. Other areas currently being addressed include the mental health of children who are in the care of social services and the management of Conduct Disorders.

**Results:** We will be evaluating the impact of this range of initiatives in order to ensure that the project is effective in meeting its objectives.

**SYMPOSIUM****SY41****PREVENTIVE APPROACHES TO CHILDREN OF  
MENTALLY ILL PARENTS****519 - 524****CHILD PSYCHIATRIC DAY CARE FOR MOTHERS AND BABIES 520**C. Deneke*Department of Child and Adolescent Psychiatry and Psychotherapy,  
Hamburg University, D 20246 Hamburg, Germany*

Psychiatric treatment of mentally ill mothers together with their babies influences positively the mother-child-relationship as well as the course of the mother's illness. Joint therapy has to meet the needs of both the mother and the baby. So child psychiatry seems to be a good place for it.

A case of severe postnatal depression is presented to illustrate the multimodal mother-baby-therapy in a child psychiatric day therapy.

Limits and chances of this kind of treatment are discussed.

**519****ASSESSMENT OF PARENTING ABILITIES IN  
MENTALLY ILL WOMEN**M. Gammeltoft, L. Lier*Bispebjerg Hospital, Bispebjerg Bakke 23, Dk-2400 Copenhagen  
NV, Denmark, Child- & Adol. Psych. Dep., Infantpsych. Unit*

In a number of cases families have been referred to the Infantpsychiatric Unit for assessment of parenting abilities. The aim of the referral has been to assess a pregnant woman or a mother, who has just given birth, as for her and her families ability to provide a "good enough" care for an infant. In these cases the mothers have suffered from schizophrenia or from severe personality disturbances.

This presentation will describe and discuss the transdisciplinary teamwork necessary for carrying out these assessments. A collaboration between adultpsychiatry, obstetrics social services and infantpsychiatry is required in order to provide a thorough, all-round description of the adversities and the resources within the mother, within the family and within the infant itself.

The elements of the assessment will be presented and the different roles of the participating professional teams will be discussed. The mothers actual psychiatric state, her ability to read the infants needs, her ability to cooperate with others in caring for the infant and her prognosis is of great importance. Furthermore the newborn infants own resources as for expressing needs and for state-regulation is essential for the assessment.

In addition the practical settings for the assessments will be presented and cases will be discussed.

**521****PROBLEMS AND NEEDS OF FAMILIES WITH  
MENTALLY ILL PARENTS**L. Lier, H. Knudsen, B. Buhl Nielsen*Bispebjerg Hospital, Bispebjerg Bakke 23, Dk-2400 Copenhagen  
NV, Denmark, Child- & Adol. Psych. Dep. Infantpsych. Unit*

**Objective:** An investigation of parents' and children's problems and needs for social and psychiatric support, as they experience it themselves. Does patterns of attachment influence compliance?

**Methods:**

- 1) Qualitative interviews with parents and their children.
- 2) Adult Attachment Interview with parents and children from the age of 12.
- 3) Child Behavior Checklist (Achenbach)

**Results:** The results will be presented as for the parents' and the children's wishes for psychiatric and social support and for the results of the Child Behavior Checklist.



**PREVENTIVE GROUPS FOR CHILDREN OF MENTALLY ILL PARENTS****H. Dierks**, Chr. Deneke*Department of Child and Adolescent Psychiatry and Psychotherapy, University of Hamburg, D-20246 Hamburg, Germany*

**Objective:** The necessity of preventive interventions for the high-risk-group of children of mentally ill parents has been pointed out. We report on the experiences and problems of a preventive project for these children.

**Methods:** For children aged 7 to 11 a thematic centered group has been established, which so far will run for 6 month. The aim of the group is, to explain psychiatric symptoms to children, to integrate feelings of fear, guilt and shame and to strengthen the self reflective function, which is a protective factor.

With the help of examples we present how we got in contact with the families and give you an insight of the first 6 month session.

**Results:** The experiences will be categorized according to approaches to the children and their families, typical copingstyles as well as means of childrens' reflexion.

**Discussion:** Future models of preventive work with children of mentally ill parents will be discussed.

**522 PARENTAL AND CHILD MENTAL HEALTH, AND PARENTING****524**

Jenni Leinonen and Tytti Solantaus

*Dep. of Clinical Medicine / Hospital for Children and Adolescents POB 280, 00029 HYKS, Finland*

For school-aged children, parents play an important role in supporting their development and well-being. Parents' psychological resources, marital relationship, and parenting abilities are all important determinants of the child's psychological adjustment. To better understand how the relationships in two parent families affect the child, the mutuality between the couple and the parent-child relationships should be considered.

The sample constitutes of 527 mother-father-child triads living in South-Finland. Information about parental mental health, marital relationship, and the quality of parenting was received from both parents by a questionnaire. In addition, the parents and the children answered questions concerning the child's internalizing, externalizing, and depressive symptoms, substance abuse, school performance, and peer relations.

The results show that the mediation of parental characteristics to the psychological adjustment of the child is very specific in nature. The dimensions of parental mental health (i.e. anxiety, depression) and marital relationship (support, hostility) are related to specific mothering and fathering dimensions (parental warmth, discipline, and involvement). The parenting dimensions are further reflected very specifically on different areas of the child's psychological adjustment. The mediation is also gender specific, suggesting the strongest relations between mother-son and father-daughter pairs. The study emphasizes the importance of the specific nature of the interactions.

**523****DEPRESSED MOTHERS: MENTAL REPRESENTATIONS OF THE CHILD****C. Marques<sup>(1)</sup>**, A. Matos-Pires<sup>(2)</sup>, F. Cavaglia<sup>(2)</sup>,*<sup>(1)</sup>Department of Psychiatry, Hospital Distrital do Barreiro and <sup>(2)</sup>Department of Psychiatry, Faculty of Medicine of Lisbon, Lisbon, Portugal*

**Objective:** The aim of this study is to test the hypothesis that maternal depression has an impact on mother's mental representation of the child.

**Methods:** The authors evaluate two groups of children and their mothers. Group A is composed by 10 children whose mothers are clinically depressed (HRSD>17, BDI>15). Group B is composed by 11 children whose mothers are not clinically depressed. All children were recruited from community day care centers. The Representation Interview (RI), adapted, is used to evaluate mother's mental representations concerning the child, herself and mother-child identification. The control group is composed by the educator's mental representations of the child.

**Results:** Significant differences were found between groups A and B concerning mother's perceptions of herself, of the child and mother-child identification. The educator's mental representations of the child are significantly different from those of group A mothers.

**Conclusions:** This study shows that mother's distorted perceptions of the child are related with maternal depression.

**SYMPOSIUM**

SY42

**QUALITY OF LIFE IN PAEDIATRICS AND  
PSYCHIATRY (I)**

525 - 530

**QUALITY OF LIFE MEASURES IN CHILDREN WITH CHRONIC  
ILLNESS 526**C. Eiser<sup>1</sup>, R. Morse<sup>1</sup>, R. Smith<sup>2</sup><sup>1</sup> School of Psychology, University of Exeter. <sup>2</sup> Institute of Child Health,  
Postgraduate Medical School, University of Exeter, UK

**Objective:** A systematic review was conducted to address i) the extent to which adult measures of QoL are used with children; ii) appropriateness of adult measures for use with children; iii) extent to which child self-reports correspond with the assessment made by parents and carers, and iv) feasibility and reliability of proxy measures of various aspects of QoL in different disease contexts.

**Methods:** Electronic searches were conducted using Medline, PsychLIT and Bids in order to provide a comprehensive list of studies.

**Results:** Thirty-nine QoL measures (19 generic and 20 disease specific) were identified. i) Adult measures formed the basis of 11 measures used with children. ii) Adult measures lack appropriateness for children given their length, complexity of language and appropriateness of items. iii) Eleven measures had both parent and child reports. Studies that compared child and proxy reports highlight that their relationship is complex. iv) Proxy measures may be less suitable than specifically developed QoL measures but may provide greater information.

**Conclusions:** The review highlights the need to select measures of QoL depending on the specific purpose for which they are required. Further development of measures for young children (below 6 years) is necessary.

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**THE FUTURE OF QUALITY OF LIFE IN PAEDIATRICS  
AND PSYCHIATRY***P. Graham*

27, St Albans Road, London, England NW5 1RG

**Objectives:** The development of quality of life (QoL) measures for use in paediatrics and psychiatry is a rapidly expanding area. This workshop will address methodological considerations in the use of QoL measures with children and adolescents. Distinctions between health status and quality of life measures will be identified. In addition, the aim is to reach beyond the development phase of measures to address the extent to which they can be and are being applied in the clinical setting.

**Scope:** Presentations will revolve around discussions of:

- 1) The need for developmentally appropriate measures and the extent to which adult measures are appropriate for use with children.
- 2) The reliability and feasibility of using proxy reports will be reported.
- 3) The clinical application of measures will be examined, including the use of measures in RCTs, patient follow-up, resource allocation and decision making.

**Outcome:** Highlight areas where further research is needed and make recommendations about the use of QoL measures in research and practice.

**PARENTAL PERCEPTION OF THE QUALITY OF LIFE IN  
CHILDREN WITH EPILEPSY OR DIABETES***P. Hoare*Dept of Child and Family Mental Health Service, Royal Hospital  
for Sick Children, 3 Rillbank Terrace, Edinburgh EH9 1LL

This presentation describes the evaluation of a newly designed questionnaire to assess the quality of life among children with epilepsy or diabetes. Although the format of the questionnaire has two dimensions and four subscales, analysis of the psychometric properties showed that the most useful measure was the total score. The questionnaire discriminates well between children with epilepsy or diabetes, showing that the former are much more affected than the latter. Children with more severe epilepsy are seen by parents to have a much more inferior quality of life than children whose epilepsy is well controlled. The questionnaire has several potential applications in the management of children with epilepsy or diabetes.

**QUALITY OF LIFE AND MENTAL HEALTH OF PARENTS 528***O. Guðmundsson \*, K.Tómasson \*\***\* Department of Child Psychiatry, University Hospital, Reykjavik, Iceland.**\* Department of Psychiatry, University Hospital, Reykjavik, Iceland.*

**Introduction:** Mental health of parents and their quality of life is likely to be affected when a child in the family has a psychiatric disorder. The purpose of this study is to assess quality of life and mental health of parents of referred children waiting for service at the only child psychiatric unit in Iceland.

**Methods:** Parents of children (N=127) waiting for psychiatric care were sent a questionnaire including a HL-32, a health related quality of life questionnaire that has norms based on the Icelandic population, with 50 being the mean standardized score. Furthermore, the parents were asked to fill out the GHQ-30 to assess for anxiety and depression and the CAGE to screen for alcoholism.

**Results:** The parents of 66 children responded, 41 fathers and 63 mothers. The mean standardized HL score was for the fathers 51, s. d. 7.5 but significantly lower for the mothers or 45, s. d. 11.5 ( $p=0.001$ ). Nearly 55% of women compared with 26% of men were psychiatric cases, scoring 5 or higher in the GHQ. According to a CAGE score of 2 and above 16% of fathers and 14% of mothers abused alcohol.

**Conclusion:** Mothers of children with mental disorders have poor quality of life, and high prevalence of mental disorders. Child psychiatry clinics need to ensure that the mothers receive appropriate care along with the child.

**DEVELOPMENT OF OUTCOME MEASURES FOR CHILDREN WITH PERMANENT HEARING IMPAIRMENT 530***S. Hind**MRC Institute of Hearing Research, Nottingham, UK*

**Objective:** Quality of Life (QoL) measures are especially salient outcome measures for child populations with chronic disability such as permanent childhood hearing impairment (PCHI), where no or only partial amelioration of symptoms is possible. We wanted to assess outcomes appropriate for the heterogeneous group of children with PCHI. It was necessary therefore to devise a quantitative, yet sensitive, technique for such assessment. To achieve this effectively, measures need to assess the impact that the presence of the PCHI has on the quality of family life (QoFL) and also the social, psychological, educational and health input that helps develop good strategies for coping with associated problems.

**Methods:** Through an iterative process of drafting, role-play, amendment and parent interview/pilot, we developed a questionnaire, from which broad measures of various outcomes could be obtained. The questionnaire has 48 questions, grouped under either predictor or outcome variables. It was used in a survey of a cohort of children within Trent RHA who were born between 1985 - 1993.

**Results:** An overall response rate of 65% was obtained, with no apparent biases across the main variables of interest: severity of hearing loss, age at diagnosis and presence of other disability. PCHI has a significant effect on QoFL, including family health and parent's employment prospects. Parental dissatisfaction with services received at diagnosis and first fitting of hearing aids impacts on QoL at both the child and family level.

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**Quality of life in child psychiatric and non-clinical samples***Hirsch, O., Kaestner, F., Resch, K., Gutenbrunner, C., Matthejat, F., Remschmidt, H.**Department of Child and Adolescent Psychiatry  
University of Marburg, D-35033 Marburg, Germany*

Several samples of child-psychiatric inpatients and outpatients and nonclinical samples of children from the general population were investigated using the „Inventory of Life Quality in Children and Adolescents (ILC)“. In addition to ILC, other methods for the assessment of life quality were used in some samples. Results were analyzed in order to address the following questions:

- Are there differences in quality of life between different school-types?
- Are there age- and sex-related differences?
- Are there systematic differences between clinical and nonclinical samples?

Selected empirical results are presented and discussed in relation to these questions.

**SYMPOSIUM**

SY43

**TEMPERAMENT RESEARCH IN CHILDREN  
AND ADOLESCENTS**

531 - 537

**Temperament Research in Children and Adolescents**

Proposer: Klaus Schmeck

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In the last years Cloninger's biosocial theory of personality has found increasing attention and yields a promising approach to explain the psychobiological basis of psychiatric disturbances like personality disorders, alcoholism, aggression or delinquency. Cloninger's Temperament and Character Inventory (TCI) is a self-rating scale with four temperament (Novelty Seeking, Harm Avoidance, Reward Dependence, Persistence) and three character factors (Self-Directedness, Cooperativeness, Self-Transcendence).

TCI was adapted for temperament research on older children and adolescents in different countries (Sweden: ChildTPQ, USA and Germany: JuniorTCI).

In this symposium we will present the use of ChildTPQ, JTCI and TCI in four different samples in Sweden, Russia and Germany. The promising results of temperament research on adults can similarly be demonstrated for adolescents of different cultures. Results of the four studies are discussed with regard to clinical significance.

**SELF-REPORT ChildTPQ AND TEACHER'S RATING  
FORM**

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M. Brandorf<sup>o</sup>, C.R. Cloninger\* & T. Przybeck\*<sup>o</sup>Dept. of Health Sciences, Halmstadt, Sweden, and

\*Center for Psychobiology of Personality, St. Louis, USA

**Objective:** Development and validation of a childhood version of Cloninger's TPQ (Tridimensional Personality Questionnaire) and a Teacher's Rating Form.

**Methods:** 151 ten-year-old pupils (72 boys, 79 girls) completed the self-report ChildTPQ. For each pupil the teacher filled out the Teacher's Rating Form. Basic psychometric properties for both self-report and teacher-rated measures were calculated.

**Results:** Internal consistency (Cronbach's alpha) for the ChildTPQ was .71 (Novelty Seeking), .78 (Harm Avoidance) and .58 (Reward Dependence). There were significant correlations between temperament scales from self-report and teacher-ratings for Novelty Seeking ( $r=.30$ ), Harm Avoidance ( $r=.20$ ) and Reward Dependence ( $r=.20$ ). The self-report and teacher ratings showed that gender is significantly correlated with Novelty Seeking (boys score higher) and with Harm Avoidance and Reward Dependence (boys score lower).

**Conclusion:** The results are promising and this study will be repeated with the same pupils at age of 12. The Reward Dependence scale has a rather low Cronbach's alpha and will be improved.

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**The Junior Temperament and Character Inventory ( JTCI ) -  
first experiences in a community sample**

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Rostock, Germany

**Objective:** According to Cloninger's psychobiological theory of personality the dimensions of temperament are predominantly genetically determined, whereas the relatively independent character dimensions might to a larger extent be developed during the socialization process. Before using the JTCI in a clinical sample it is necessary to examine it in a healthy cohort.

**Method:** The JTCI in its 2nd revised version ( German adaption ) was used. 727 pupils of seventh to tenth grade from Rostock could be assessed. The final analysis based on data from 682 pupils. Furthermore our data were compared with the sample of more than 800 children assessed in Frankfurt/Main.

**Results:** In particular the aspects of the school - related experience of effectiveness as well as the use of professional assistance lead to significant differences, while otherwise analyses, based on age and gender criterias failed to show such differences. In addition, the stability of the seven - factor - model of personality, as suggested by Cloninger, could be so also confirmed in a sample of children and adolescents. The scales from Frankfurt, a big town in the west part of Germany, yielded similar internal consistencies and factor structures.

**Conclusions:** Our examination is a contribution to validate the JTCI, a novel diagnostic instrument of temperament and character dimensions which could become importance in the child and adolescent psychiatry.

### Temperament and character in adolescents with disruptive behaviour disorders

Klaus Schmeck, M.D.,  
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University, Deutschordenstr. 50, D-60590 Frankfurt/M.,  
Germany

**Objective:** To outline the significance of basic personality traits for the understanding of disruptive behaviour disorders (DBD) in adolescents.

**Method:** Cloninger's self-rating Junior Temperament and Character Inventory (JTCI) consists of three temperament (Novelty Seeking, Harm Avoidance, Reward Dependence) and three character factors (Self-Directedness, Cooperativeness, Self-Transcendence). We used the German version of JTCI to assess a clinical sample of 50 adolescent psychiatric inpatients and outpatients of both sexes who are compared to a non-referred sample of 706 German adolescents. Patients are classified in four diagnostic groups: DBD, emotional disorders, eating disorders and personality disorders.

**Results:** DBD adolescents show significantly higher scores of Novelty Seeking and lower scores of Harm Avoidance and Reward Dependence than the three other diagnostic groups and the non-referred sample. Self-Directedness was significantly lower in all 4 clinical groups in comparison to undisturbed adolescents.

**Conclusion:** Characteristic personality traits form the background of DBD symptomatology and seem to be essential for the understanding of etiology and treatment of DBD. Clinical implications are discussed.

### 534 The Role of Temperament in Vulnerability to Depression in Adolescence

I.M. Goodyer, R.G. Kelvin, R.J. Park, A. Tamplin, J. Herbert  
Developmental Psychiatry Section, University of Cambridge,  
UK

**Objective:** To determine whether adolescents with major depression have a significantly different structure of temperament from community controls, as measured by the Buss and Plomin EAS scale.

**Method:** Temperament (EAS) and mental state were assessed in 193 11-16 year olds screened for major depression (MDD) in community, and in 29 clinically referred depressed adolescents and their 31 siblings. Latent negative self-schema were investigated in well adolescents with high/low levels of emotionality, using a musical mood induction procedure.

**Results:** High (negative) emotionality alone was associated with major depression in community, particularly in girls. High levels of emotionality in siblings and probands, but no other aspects of temperament, was associated with greater comorbidity in general and with diagnoses of dysthymia and separation anxiety in particular. Well adolescents with high emotionality endorsed significantly more negative self-descriptive words after dysphoric mood induction.

**Conclusions:** Higher levels of emotionality seem to be associated with cognitive vulnerability to depression. Dysphoric mood induction challenge may provide important information about vulnerability to depression that is not identified by routine self-report of mood and cognitions.

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### Temperament, character and parental rearing: their interrelatedness in male delinquent adolescents in Russia

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A group of 192 male delinquent adolescents from Northwestern Russia was compared with 121 nondelinquent controls on personality as assessed by the Temperament and Character Inventory (TCI) based on Cloninger's psychobiological theory and perceived parental rearing (EMBU).

The delinquent group revealed a higher level of Novelty Seeking, Harm Avoidance and Self-Transcendence and a lower level of Self-Directedness. Violent offenders (hooligans, robbers, rapists and murderers) showed a lower level of Harm Avoidance as compared to non-violent offenders (thieves).

As concerns perceived parental rearing, delinquents were characterized by more parental rejection and overprotection. Most of the personality dimensions were highly correlated with the level of parental emotional warmth.

When testing for a supposed influence of both upbringing and temperament onto character development we found that the character traits were primarily dependent on temperament traits. The results are discussed in the light of the interactive nature of parent-child relationships and of character development.

### MEASURES OF TEMPERAMENT IN CHILDREN: CONFIRMATORY FACTOR ANALYSIS OF THE EMOTIONALITY ACTIVITY SOCIABILITY QUESTIONNAIRE (EAS) AND THE REVISED DIMENSIONS OF TEMPERAMENT SURVEY (DOTS-R)

D. Purper-Ouakil, I. Gasman, G. Michel, M.P. Bouvard, F. Perez-Dias, M.C. Mouren-Siméoni, M. Flament  
Hopital Robert Debre, Paris, France

**Objectives:** Temperament refers to consistent, heritable and relatively stable individual characteristics in reactivity and behavior. Theoretical perspectives on temperament have provided insights for research on prediction of behavioral outcomes. Among the different measures of temperament in children, the EAS questionnaire focuses on dimensions with a heritable basis, whereas the DOTS-R indexes dimensions of activity, mood, attentional orientation, flexibility and approach to novel stimuli. The two questionnaires are completed both by the child and by a caretaker (parent and/or teacher). This study compared the psychometric properties of these two questionnaires in English and French language versions.

**Methods:** The sample consisted of 197 school children aged 6 to 12, their parents and teachers. Confirmatory factor analysis was used to examine the fit between the original factors and the data.

**Results:** Results revealed a better fit to the data for the adult-rated versions compared to the child versions for both EAS and DOTS. Inter-rater correlations were modest for both questionnaires on various temperament dimensions, indicating that evaluations of characteristic patterns of behavior and emotions are being influenced by subjective observer related factors.

**Conclusion:** Implications for the cross-cultural validity of temperament questionnaires will be discussed.

**SYMPOSIUM****SY44****EFCAP-Symposium****DELINQUENCY IN GIRLS (GENDER & CRIME)****538 - 542****DELINQUENCY IN GIRLS (GENDER & CRIME)**  
**EFCAP-Symposium***S. Bailey**Adolescents' Forensic Service, Mental Health Services of Salford, N.H.S. Trust, Prestwich, Manchester M25 3BL, U.K.*

All epidemiological and clinical surveys show a male preponderance with regard to delinquency and antisocial behaviour. One should, however, not overlook the minority of delinquent girls who demonstrate frequently marked aggressive tendencies which are not openly expressed. The papers of this symposium will discuss these issues from different points of view, taking into account also psychopathological features and treatment issues.

**AGGRESSIVENESS IN DELINQUENT ADOLESCENT GIRLS****539**

*E. Dozortseva, S. Terekhina, E. Morozova*  
Serbsky National Research Centre for Social and Forensic  
Psychiatry (Moscow, Russia)

**Objective:** The increasing criminality and violence rate in young women in the last few years is a worrying problem in Russia. The study is aimed at finding out aggressiveness peculiarities in delinquent adolescent girls.

**Method:** 56 girls from 14 to 17 from the special closed educational institution for delinquent adolescents and a control group of 34 non-delinquent schoolgirls of the same age underwent testing by projective methods: S. Rosenzweig's P - F test (adult version) and E. Wagner's Hand-test.

**Results:** According to our hypothesis the delinquent girls were supposed to have higher aggressiveness scores in both tests than the control group. The results show, though, that in the P - F test the extrapunitive reaction indices were higher in the schoolgirls group, whereas the delinquent girls were inclined to impulsive reactions and avoidance of activity. On the contrary, aggressive tendencies in the Hand-test in the delinquent group were much more pronounced than in the schoolgirls. All the differences are statistically significant.

**Discussion:** The data show that delinquent girls have marked inner aggressive tendencies, which are not often openly expressed due to the girls' passivity. This combination makes difficult effective emotion and behaviour control and regulation. It should become the subject of special intervention.

**538****540****Adolescent females referred to a mental health service**

*A. Jasper, C. Smith, S. Bailey*  
*Raeside Clinic, South Birmingham NHS Trust,*  
*Birmingham B45 9BE, United Kingdom*

**Objectives**

There is a paucity of literature relating to adolescent females who offend. This paper aims to describe the characteristics of a population of females in care who demonstrated disturbed behaviour and to examine whether prejudices held by professionals working with females stood up to closer examination.

**Methods**

A retrospective case note study of 100 consecutive referrals of girls aged 11-17 in care referred to the Adolescent Forensic Service.

Data collected on demographics, care, personal and family history, offence/offending characteristics.

**Results**

Girls accounted for one in five of referrals made to the service. 68 had assaulted at least one person, 76 had deliberately harmed themselves and 10 had caused damage to objects. 90 had behaved in a way that was against the law in the 6 months prior to assessment but only 42 had been charged with an offence. Referrers only correctly documented violent and aggressive behaviours in 54% of cases.

**Conclusions**

Community surveys/prospective studies of males and females investigating range of disturbed behaviour and putative risk factors/protective factors are required. Diagnosis of conduct disorder for females needs further examination.

**Girls in a detention centre: a closer look.****541****SYMPOSIUM**

*S. Lenssen, T. Doreleijers, M. van Dijk, C. Hartman  
Child and Adolescent psychiatric clinic  
De Ruyterstee, 9422 EZ Smilde, The Netherlands.*

**SY45****BKJPP-Symposium**

**SPANNUNGSFELD PSYCHIATRIE -  
PSYCHOTHERAPIE IN DER KINDER- UND  
JUGENDPSYCHIATRIE**

**543 - 546**

**Objective:** The differences between male and female juvenile delinquency, looking from a behavioural and psychiatric perspective.

**Methods:**

- 1) Existence and nature of female juvenile delinquency
- 2) Analysis of gender-related differences in juvenile delinquency and psychopathology
- 3) Results, obtained from a dossier research project into the behavioural aspects of female juvenile delinquency

**Results:** Girls commit fewer and less serious offences. Girls in a detention centre are younger than boys in the same centre. Few Turkish and Moroccan girls are seen. The majority of girls are placed in a detention centre by a Civil Court Order. A relatively high percentage of retarded girls was found. Multiple sexual contacts from an early age, substance abuse, running away from home and truancy are risk behaviours in the development of female juvenile delinquency. In the majority of cases there was no record of previous contacts with the law.

**Conclusions:** There are gender-related factors according to the development of female juvenile delinquency.

Answers on age-differences, early sexual development, the relation between behaviour and psychiatric diagnosis, the role of the risk behaviours in the development of the girls, intelligence and the reasons for placing girls in a detention centre should throw light on the development process of female juvenile delinquents.

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**Gender aspects in severe juvenile delinquency -  
charges and conflicts**

*R. Schepker  
University Clinic for Child and Adolescent Psychiatry and  
Psychotherapy Rheinische Kliniken, D-45147 Essen, Germany*

**Objective**

Girls are supposedly less violent and commit fewer offenses than boys. This might be different with persons suffering from mental disorders.

**Method**

2 groups of adolescent female offenders - a group of referrals for psychiatric assessment and a group of non-referred defendants for index crimes - were investigated by content analysis of psychiatric reports and reports of juvenile authorities.

**Results**

The group of referrals consisted of 159 subjects (10 girls - 6,3%), the group of non-referrals of 177 subjects (9 girls - 5,1%) - both under the known delinquency rates.

Girls differed from boys in

- severity of charge (less severe in general, polarized in referrals)
- nature of acts (fewer female group delinquency, more conflict-driven)
- less substance use before acts charged for but not in biographies or family adversities. Non-referrals displayed less psychiatric disorders and other constellations of conflicts, referrals were found non-accountable in 80%.

**Conclusions**

Gender-specific aspects of charges and conflicts leading to them can be traced. Special attention is paid to charges that can solely be committed by girls, like murder of a newborn.

**SPANNUNGSFELD PSYCHIATRIE - PSYCHOTHERAPIE  
IN DER KINDER- UND JUGENDPSYCHIATRIE**

*Vorsitz: C.K.D. Moik, Vorsitzender des BKJPP*

*P. Hill (England)*

*T. von Salis (Schweiz), Präsident der Sektion "Child and Adolescent Psychiatry / Psychotherapie" der U.E.M.S.*

*C. Schaff (Deutschland), Stv. Vorsitzende des BKJPP*

*H. Sonntag (Frankreich)*

In diesem Symposium soll die fruchtbare Spannung und Wechselwirkung zwischen der ganzheitlichen Psychiatrie mit ihren neurobiologischen, psychologischen und philosophischen Wurzeln und der ebenfalls aus einem naturwissenschaftlichen Ansatz entstandenen Psychotherapie mit ihrem heutigen Facettenreichtum im Arbeitsfeld der Kinder- und Jugendpsychiatrie dargestellt werden. Dadurch soll der Diskurs zwischen den Positionen der biologischen Psychiatrie und der somatischen Bereich häufig vernachlässigenden Psychotherapie belebt werden um die notwendige ganzheitliche Sicht unserer Patienten in ihrem sozialen Beziehungsfeld zu fördern.

Dargestellt wird dieses Spannungsfeld zunächst anhand der aktuellen Situation in England, Frankreich, Deutschland und der Schweiz mit einem Ausblick auf die europäische Entwicklung.

Anmerkung: Das Symposium ist deutschsprachig.

**WAS IST ÄRZTLICHES PSYCHOTHERAPEUTISCHES DENKEN IN DER AMBULANTEN KINDER- UND JUGENDPSYCHIATRISCHEN ARBEIT?***C. Schaff**Ärztin f. Kinder- u. Jugendpsychiatrie, Neurologie u. Psychiatrie, Psychotherapeutische Medizin, Psychotherapie, Psychoanalyse, 71263 Weil der Stadt*

Anhand von Fall-Vignetten aus der ambulanten kinder- und jugendpsychiatrischen und sozialpsychiatrischen Praxis soll u.a. folgende These erläutert werden: Das Spannungsfeld Psychiatrie-Psychotherapie zeigt sich an unterschiedlichen Methoden und diagnostischen und therapeutischen Techniken zwischen Psychiatern und Psychotherapeuten. Es sollte im Kinder- und Jugendpsychiater und -psychotherapeuten ständig präsent sein - im Wissen um die unterschiedlichen Theorienbildungen von verschiedenen Störungsbildern/Krankheiten, von unterschiedlichen Denkmodellen bei Indikationsstellung und im Wissen von langfristiger „Mehrphasentherapie“ in der ambulanten sozialpsychiatrischen Arbeit. Es gibt keine Kinder- und Jugendpsychiatrie ohne Psychotherapie.

**544 ENTWICKLUNG DER KINDER- UND JUGENDPSYCHIATRIE IN FRANKREICH 546***H. Sontag**Facharzt für Psychiatrie, Strassburg (Elsass), Frankreich*

Die französische Neuro-Psychiatrie hat sich Anfang des Jahrhunderts nach dem europäischen Modell herausgebildet (KANNER, FREUD, HEUYER). Dann hat sich in den 60. Jahren die Psychiatrie von der Neurologie abgespalten. Das ist auf den elsässischen Einfluss zurück zu führen, welcher wiederum seinen Ursprung in Deutschland findet. Die zuerst starke Entwicklung zur Psychotherapie hat sich dann wiederum unter der Weiterbildung der biologischen Psychiatrie vermindert, ausser in der Kinder- und Jugendpsychiatrie. Die verschiedenen Aspekte und Grenzen werden mit der Epilepsie, dem Autismus, usw. erklärt. Die Trennung zwischen Neurologie und Psychiatrie scheint endgültig, während dessen in Frankreich die Trennung zwischen Erwachsenenpsychiatrie und Kinder- u. Jugendpsychiatrie noch nicht akzeptiert wird.

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**FORTBILDUNG – WAS IST ANDERS IN DER (KINDER-) PSYCHIATRIE UND PSYCHOTHERAPIE?***T. von Salis**Präsident der Sektion Kinder- und Jugendpsychiatrie/ Psychotherapie der EUMS (Europäische Union Medizin-Spezialärzte)*

Die Personalisierung des Psychotherapieerfolges geht einher mit der Personalisierung der Aus-, Weiter- und Fortbildung.

Für die Bewertung der Wirksamkeit der Psychotherapie im Einzelfall, bei der Familie, der Gruppe und dem Kollektiv der Versicherten einer Krankenkasse muss stets auf die Qualität der Person des Behandelnden geschaut werden, und dabei ist ja schon eine Prüfung der Person(en) der Behandelten vorangegangen. Nach was für Kriterien kann da vorgegangen werden, wenn es nicht um biologische und messbare Parameter geht wie in den somatischen Spezialitäten?

Es wird davon abhängen, was für ein Denkstil im Kollektiv derjenigen, die die Macht haben, über das Geld zu verfügen, ob eine Behandlung als erfolgreich beurteilt wird oder nicht. Die wissenschaftlichen Gemeinschaften bilden Denkstile, in stetiger Entwicklung, die über das Vorliegen einer „wissenschaftlichen Tatsache“ entscheiden. Die Entscheidungsträger der Versicherungen können nach je eigener Opportunität die eine oder andere wissenschaftliche Gemeinschaft als ausschlaggebend berücksichtigen.

Die Fortbildung in unserem Fach hat mit solchen Faktoren zu rechnen. Sie gehören zum Stoff der Fortbildung in unserem Fach.



**SYMPOSIUM****SY46****COMORBIDITY IN MOOD DISORDERS****547 - 553****COMORBIDITY OF MOOD DISORDERS***Carlo Cianchetti, Helmut Remschmidt**Child Neurology and Psychiatry, University of Cagliari, Italy*

**Objective.** The high degree of overlap to different child psychiatric disorders together to the lack of consistent findings indicating that various disorders have an unique patterns of associated features, still made the comorbidity of mood disorders a controversial issue. This Symposium provides a review and update of multiple aspects regarding the presence affective symptoms in children or adolescents referred for different psychiatric disorders.

**Methods:** Presenters summarize the literature in this field and share unpublished data and clinical experience.

**Results** Comorbidity for affective disorders in schizophrenia (Prof. Schulz), Pervasive developmental disorders (Prof. Buitelaar) and mental retardation (Dr. Fuentes), for depression in eating disorders (Prof. Herpertz-Dahlmann) and with anxiety (Dr. Masi) as well for bipolar disorder in ADHD (Dr. Zuddas) are reviewed.

**Conclusion.** Discussion focuses on distinctive aspects of psychopathology, prognosis and response to treatment.

**COMORBIDITY OF SCHIZOPHRENIA AND MOOD DISORDERS 548***E. Schulz<sup>1</sup>, C. Fleischhaker<sup>1</sup>, H. Remschmidt<sup>2</sup>**<sup>1</sup>Department of Child and Adolescent Psychiatry, University of Freiburg/Brsg., D-79104 Freiburg/Brsg., Germany**<sup>2</sup>Department of Child and Adolescent Psychiatry, University of Marburg, D-35033 Marburg, Germany*

**Objective:** Recently performed investigations have pointed out the frequent occurrence of depression in early-onset schizophrenia and its implications for course and outcome. The availability of assessment instruments for positive and negative symptoms of schizophrenia has facilitated the exploration of the relationship of both negative and positive symptoms with depression.

**Methods:** Short-term and long-term follow-up studies ranging from 12 weeks up to two years were conducted in hospitalised patients with early-onset schizophrenia (n=55, age range 11-22 yrs.)

Positive and negative symptoms were evaluated using SANS and SAPS. The BPRS was employed to measure symptomatology and outcome during the prospective investigation. BPRS Total score and the BPRS Depressive score (including items 1, 2, 5 and 9) were employed for statistical analysis. The clinical ratings were performed during the short-term trial weekly and during the long-term trial at 6-week intervals in parallel to blood samplings for biochemical and pharmacological investigations.

**Results:** Clearly, depressive symptoms can be differentiated from negative symptoms. Patients high in depression exhibit greater amounts of positive symptoms, particularly in the area of delusions and hallucinations. The presence of depression has important implications as to the treatment and course of these patients.

**547****549****Eating Disorders and Mood Disorders**

B. Herpertz-Dahlmann, H. Remschmidt: Department of Child and Adolescent Psychiatry, RWTH Aachen, Neuenhofer Weg 21, D-52074 Aachen, and Department of Child and Adolescent Psychiatry, Philipps-Universität Marburg, Hans-Sachs-Str. 6, 35039 Marburg, Germany

**Objective:** Patients with eating disorders also frequently have major depression. The aim of the present investigation was to follow up depressive symptoms in the long-term course of anorexia nervosa.

**Methods:** 39 patients with anorexia nervosa and 39 age-, gender- und occupational status - matched controls were followed up after 3, 7 and 10 years. Each time of follow-up depressive symptomatology was measured by self-rating questionnaires (Zung Depression Scale, Beck Depression Inventory) and the Hamilton Rating Scale.

**Results:** During the course of anorexia nervosa depressive symptomatology declined in most of the patients. There was a strong association between the severity of eating disorders and depressive comorbidity, although even recovered patients had higher depression scores than the controls.

**Conclusions:** In most anorexic subjects depression seems to be secondary to the starvation state of the eating disorder, although some individuals have persistent affective disturbances despite recovery from anorexia nervosa.

## AFFECTIVE COMORBID CONDITIONS IN CHILDREN WITH PDD

J.K. Buitelaar, R.J. van der Gaag and H. van Engeland,  
Department of Child and Adolescent Psychiatry, University Medical Center  
Utrecht, P.O. Box 85500, 3508 GA Utrecht, Netherlands

**Objective:** To review and discuss the role of comorbid affective conditions in children with pervasive developmental disorders (PDD).

**Method:** Relevant earlier work will be reviewed and data of a chart review study and follow-up study of children with PDD (Van der Gaag et al., 1995, Van der Gaag, 1993) will be re-analyzed and presented. The chart review study includes 32 children with autism, 105 children with PDD-NOS and 107 children with non-PDD disorders which have been assessed between the age of 6 and 12 years. A sample of 43 children with PDD have been evaluated by means of the K-SADS schedule at follow-up at the mean age of 15 year.

**Results:** Affective comorbid symptoms encompassed anxiety rather than depression, and these symptoms were much more prevalent in children with PDD-NOS than in children with typical autism. Nonetheless, children with autism were as anxious as children with classic internalizing conditions. The presence of comorbid affective symptoms in children with PDD was associated with early environmental adversities. At follow-up, anxiety disorders (8/43) were more prevalent than depressive disorders (5/43). The implications for treatment of these findings will be discussed.

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## COMORBID ADHD AND BIPOLAR DISORDER IN SARDINIAN CHILDREN.

Alessandro Zuddas, Christian Medda, Pierandrea Muglia, Manuela Pintor, Carlo Cianchetti.  
Child Neurology and Psychiatry, Dept Neuroscience, University of Cagliari, Cagliari, Italy.

**Objective:** Comorbidity between Attention-Deficit/Hyperactivity Disorder (ADHD) and Bipolar Disorder (BPD) is still a contentious issue in Child and Adolescent Psychiatry. Diagnostic criteria and frequency of BPD in children and young adolescents are still controversial, the lack of psychostimulants availability and the frequent comorbidity with anxiety or conduct disorders make ADHD a rarely used diagnostic category in some European country such as Italy. The co-occurrence ADHD and BPD was evaluated in 10 consecutive bipolar adolescents and 20 severe ADHD children.

**Method:** Patients were diagnosed according DSM-IV criteria using with Kiddie-SADS PL interview; a semistructured interview for ADHD (PICS-IV by Schachar et al.) was administered to parents of both ADHD children and Bipolar adolescents. Social Functioning was assessed with Children-Global Assessment Scale (C-GAS). Records of all pharmacological treatments were also revised.

**Results:** Only 1 out of 10 Bipolar adolescents resulted suffering from ADHD when child. Five out of 20 children with severe ADHD met diagnostic criteria for BPD. Familiar history of affective disorders was present in all 5 children, of ADHD in 4. Psychostimulants exacerbate hyperactivity, fidgetiness and induced logorrhea and grandiosity in four children; mood stabilizing drugs associated to risperidone at low doses (n=3), clonidine (n=1) or methylphenidate (n=1) significantly ameliorated both ADHD and BPD symptoms as well social functioning.

**Discussion:** Comorbid BPD can be observed in children with severe ADHD: familiarity for affective disorders and acute effects of Methylphenidate can be useful for differential diagnosis. Clinical identification of these children is crucial for designing specific therapeutical approaches.

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## COMORBIDITY OF ANXIETY AND DEPRESSION IN REFERRED CHILDREN AND ADOLESCENTS

Gabriele Masi, MD, Letizia Favilla, MD, Maria Mucci, MD, Stefania Millepiedi, MD, Roberta Romano, MD.  
Division of Child Neurology and Psychiatry, University of Pisa (Italy) ñ  
IRCCS Stella Maris, Calambrone, Pisa (Italy).

**Objective:** Association between depressive and anxiety symptoms and syndromes is common in adult patients, as well as in children and adolescents. The nature of the coexistence between these symptoms and/or syndromes is still debated, as well its clinical and prognostic implications. This study investigated the nosological and clinical implications of comorbidity between depressive disorder (DD) and generalized anxiety disorder (GAD) in a clinically referred sample of Italian children and adolescents.

**Method:** After a psychiatric evaluation, including a diagnostic clinical interview (DICA-R) 127 consecutive children and adolescents were diagnosed as GAD and/or DD patients. The sample was divided in three groups: 56 patients (22 males and 23 females, mean age, 13.1) with DD+GAD, 20 patients (12 males and 8 females, mean age 12.5) with DD without GAD, and 56 patients (30 males, 26 females, mean age 13.3) with GAD without DD.

**Results:** The comparison between groups regarding the number of symptoms showed that the patients with GAD only are less symptomatic. Suicidal ideation was significantly more frequent in the group with comorbid DD and GAD. Externalizing disorders were more frequent in the group of DD without GAD. Functional impairment, assessed with Children Global Assessment Scale (C-GAS), did not show significant differences between the three groups.

**Conclusion:** Data are discussed in the light of conceptualizations about relationship between anxiety and depression.

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## AFFECTIVE DISORDERS IN MENTAL RETARDATION

Joaquin Fuentes,  
Child and Adolescent Psychiatry Unit, Policlinica Gipuzkoa and  
GAUTENA Autistic Society, 20011 San Sebastian, Spain.

**Objective:** The presentation will review existing epidemiological data on the issue of comorbidity of affective disorders and mental retardation, identify the difficulties involved in diagnosing these disorders in patients with special needs, propose ways to overcome these challenges and offer guidelines for practice, with special consideration paid to the application of a psychopharmacological treatment protocol that has been developed for this population.

**Method:** The literature review based on Medline will be complemented with data generated in GAUTENA, a regional programme in Northern Spain supporting persons with autism and other developmental disabilities.

**Results:** It is now generally accepted that persons with mental retardation suffer from affective disorders with equal or greater frequency than the general population. Nevertheless, these patients have greater risk of not receiving proper assessment, diagnosis and treatment.

**Discussion:** There is a clear need to facilitate access to persons with mental retardation to the same standard of care and treatment available for the rest of patients with affective disorders. In order to achieve this goal there are positive models of practice available for clinicians.

**SYMPOSIUM****SY47****LONGITUDINAL STUDIES****554 - 559****THE LONG-TERM OUTCOME OF CHILD AND ADOLESCENT PSYCHIATRIC DISORDERS IN MALES**

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**Objective:** Within the framework of developmental psychopathology the outcome of male former child and adolescent psychiatric patients at age 36 or 38 was studied in order to add to the limited knowledge in this field.

**Methods:** A total of 269 former child psychiatric patients of male sex and a control group of more than 2700 men, who were all born in 1952, were compared with regard to mortality, delinquency and adult psychiatric disorders. The study was based on case-file data from assessments conducted with the child and adolescent psychiatric patients and on adults, derived from either federal registers (mortality, delinquency) or army health records and records of the psychiatric facilities of the canton. The study is based on lifetime prevalence rates.

**Results:** The two samples did not differ with regard to mortality rates. Delinquency tended to be more prevalent and psychiatric disorders were significantly more prevalent among the former child psychiatric patients. Close to 10% of the latter group showed major delinquency, one-quarter was psychiatrically disturbed and 30% displayed one of these two indicators or maladjustment at least once during the follow-up period. A correspondence in pattern of varying between child and adult psychiatric spectrum disorders was observed. Whereas the type of child and adolescent psychiatric disorders did not predict adult maladjustment, there was some indication that deprived environments, broken homes and parental psychiatric disorders during childhood increased the likelihood of poor adult outcome.

**Conclusions:** This study clearly underlines the long-term negative effects of child and adolescent mental abnormalities in males.

**LONGITUDINAL FINDINGS OF ADOLESCENT PSYCHOPATHOLOGY IN A SWISS EPIDEMIOLOGICAL STUDY****555**

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**Objective:** Adolescent psychopathology within a developmental framework was studied in an ongoing longitudinal project based on a representative cohort in the Canton of Zurich, Switzerland. A total of 838 subjects participated in two data waves in 1994 (Mean age: 13.6 years) and in 1997 (Mean age: 16.5 years).

**Methods:** A two-stage procedure with parents and adolescents responding to behavior problem checklists and various other questionnaires in the screening phase was used. In the second stage, structured interviews (DISC-2.3) were performed separately with the parents and the adolescents and included both screen positive and control subjects.

**Results:** Correlations for behavior problem scores were relatively stable over time ( $r=.48-.64$ ). There were strikingly different time trends for behavior problem scores among parents and adolescents. Alcohol and cannabis consumption increased considerably. This did not only reflect a trend for age but for time, too. There was also a changing pattern of psychiatric diagnoses over time.

**Conclusions:** These findings, based on two informants, reflect important time trends in adolescent psychopathology.

**554****556****STABILITY OF PSYCHIC PROBLEMS FROM PRE-SCHOOL TO SCHOOL**

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**Objective:** The prevalence of emotional and behavioural problems and somatic complaints in children from a German city (Cologne) shortly before and one year after enrolment is described.

**Methods:** A representative sample of pre-school-children aged 5 to 7 years was won over to the study in cooperation with the health centre. Their parents were asked to fill out a German version of Achenbach's Child Behavior Checklist. Problem scale means were compared and the values of the former and the latter questionnaire were correlated for the whole sample and separately by gender.

**Results:** Excepting Somatic Complaints boys score higher than girls from the beginning. Parental ratings turned out to be relatively stable in all. Mean scores of almost all primary and secondary scales slightly go up with exception of Withdrawn, which significantly decreases for both, boys and girls. The most significant increase was found in Attention Problems. As far as Externalizing sub-scales are concerned results reveal a gender difference: only girls show a significant increase without even reaching boys' high level. Only in girls, too, the degree of somatic complaints grows.

**Conclusions:** Coping with new social and academic demands at school may lead to a decrease in social withdrawal and an increase in attention problems.

**STABILITY OF BEHAVIOUR AND EMOTIONS OF JAPANESE PUPILS**

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**Objective:** To analyse the stability and changes of behavioural and emotional problems as rated by parents, teachers and youths themselves in a sample of Japanese pupils about an interval of two years.

**Methods:** The sample was collected at the Keio Elementary and Junior High-Schools in Tokyo using a Japanese translation of the Child Behavior Checklist (CBCL) and the Teacher Report Form (TRF) for those aged 6 to 15 and additionally the Youth Self-Report (YSR) for those aged 11 to 15 in 1993/94. The follow-up sample (1995/96) contains N=1038 CBCL-, N=468 TRF- and N=514 YSR-questionnaires.

**Results:** Generally CBCL- and TRF-scale scores decrease in the follow-up interval while YSR-scale scores increase. Correlations range from  $r=.22$  to  $r=.61$  for CBCL, from  $r=.50$  to  $r=.60$  for YSR and from  $r=.01$  to  $r=.23$  for TRF.

**Conclusions:** Similarities of trends in comparison to other international studies are discussed.

**557 MENTAL DISORDERS IN ADOLESCENTS: HOW STABLE ARE THEY? 559**

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**Objective:** There are marked differences between clinical and epidemiological literature concerning diagnostic stability of mental disorders. Our aim was to examine the stability of the *early natural course* of symptoms, syndromes and diagnoses of various mental disorders.

**Methods:** Results are based on retrospective and longitudinal prospective data from the baseline and first follow-up investigation (19.6 months later) of the Early Developmental Stages of Psychopathology Study (EDSP). Data focus on 1395 adolescents aged 14-17 years of age at the baseline. Symptom and diagnostic assessments were based on the computer-assisted version of the M-CIDI.

**Results:** (1) Psychopathological syndromes were widespread in adolescents. (2) The likelihood of staying free of any symptom/syndrome during follow-up was highest among subjects completely well at baseline. (3) There was a considerable degree of fluctuation in diagnostic status and severity of disorders. (4) Anxiety disorders overall did not differ with regard to persistence and stability of diagnostic status from depressive disorders. (5) However, there were differences between type of anxiety disorders and major depression and dysthymia.

**Conclusion:** Syndromes and diagnoses of mental disorders appear to have a strong degree of fluctuation in early stages.

**558****STABILITY OF PSYCHOPATHOLOGY FROM CHILDHOOD TO ADULTHOOD**

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**Objective:** To investigate the 14-year stability and predictive power of behavioral and emotional problems from childhood into adulthood in a general population sample.

**Methods:** The population consisted of 1618 individuals, aged 4-16 years at initial assessment. Parents filled out the Child Behavior Checklist (CBCL) at the first time of assessment. At follow-up, 14 years later, subjects completed the Young Adult Self-Report (YASR), and were interviewed with the Composite International Diagnostic Interview (CIDI) to obtain DSM-IV diagnoses. Information on social adjustment, mental health referral, family loading and substance abuse was also obtained. Parents were asked to fill out the Young Adult Behavior Checklist (YABCL).

**Results:** Of the individuals with total problem scores in the deviant range on the Child Behavior Checklist at initial assessment, 41 % had total problem scores in the deviant range on the Young Adult Behavior Checklist, and 29 % had total problem scores in the deviant range on the Young Adult Self-Report 14 years later. Externalizing problems showed higher persistence than Internalizing problems. Developmental pathways leading to DSM-IV diagnoses and general poor outcome will be presented.

**Conclusions:** Problems during childhood tended to persist beyond the transition to adulthood.

**SYMPOSIUM****SY48****AUTISM: FROM RESEARCH TO PRACTICE****560****SYMPOSIUM****SY49*****AEPIJ-Symposium*****SYMPOSIUM OF THE SPANISH ASSOCIATION  
OF CHILD PSYCHIATRY (AEPIJ)****561 - 565****560****561****AUTISM: FROM RESEARCH TO PRACTICE***Fuentes, J.**Child and Adolescent Psychiatry Unit, Policlinica Gipuzkoa and GAU-TENA Autistic Society, 20011 San Sebastian, Spain***Speakers:**

van Engeland, H.:

**Autism: The New Frontiers in Neurobiological Research**

Buitelaar, J.K.:

**Early Detection in Autism**

Fuentes, J.:

**Developing Personalised Support Programmes in Autism**

Bailey, A.:

**SYMPOSIUM OF THE SPANISH ASSOCIATION OF CHILD  
PSYCHIATRY (AEPIJ)***J. Alcázar-Fernández**Guadiana, 17, Madrid, Spain*

This symposium, sponsored by the Spanish Association of child psychiatry, will focus on different aspects of behavioural disorders covering clinical assessment, epidemiological aspects and longitudinal studies.

**BEHAVIOURAL DISORDERS IN ADOLESCENTS: CLINICAL AND PSYCHOPATHOLOGICAL ASSESSMENT***C. Ballesteros\*, J.L. Pedreira\*\***\* University Hospital Valladolid**\*\* Child Mental Health Centre, Avilés*

The Clinical and Psychopathological assessment of the Behavioural Disorders in Adolescents (BDA) and their family are very important in order to understand some practical contents: general and integrated comprehension of the clinical features; developing and adequate treatment for each case in particular; and evaluating the longitudinal follow-up and prognoses.

In our opinion the Clinical and Psychopathological assessment include:

1. Cross-section assessment: including the behavioural profile and disruptive behavioural disorders' analyses, and interacting with risk factors and stressor life events, also including the interaction with family and social context and personality characteristic (aggression and socialisation).
2. Longitudinal assessment: including the developmental process with individual history and psychopathological comorbidity. That includes the continuity versus discontinuity of mental disorders and behavioural disorders assessments in different developmental states of life.
3. Clinical Assessment Scales: we include the structured instruments for Clinical and Psychopathological assessment, both the categorical and dimensional perspectives.

**BEHAVIORAL DISORDERS IN THE ADOLESCENT***A. Bielsa i Carrafa**Unitat de Psiquiatria Hospital Universitari Materno-Infantil, Barcelona, Spain*

**Background:** The persistent situation of asocial behavior that characterizes the behavior disorder has been the focus of several studies, which have established is relationship with other disorders an with concept of early delinquency.

**Objective:** To present a comparison between the data obtained from the Department of Justice of the Catalan Government referred to under-age delinquency with the data obtained from a cohort of teenagers.

**Methods:** An asocial behavior questionnaire elaborated based on the DSM-IV diagnostic criteria was submitted to 100 teenagers aged between 12 and 16 (46 boys and 54 girls). We selected those who compiled with a least three criteria for asocial behavior, which is a requirement for the diagnosis of behavior disorder. From this last group, and in order to perform a more accurate comparison with the data from the Department of Justice, only those cases with asocial delinquent behavior were selected.

**Results:** The results show, that delinquent behavior is higher in males, and that is prevalence is higher in the general population than the one reported by the Department of Justice.

**Conclusions:** The fact that the term delinquency is only used in judicial cases raises the question of whether more appropriate measures should be undertaken for the detection of delinquent behavior.

**Key words:** Behavior disorder. Delinquency. Asocial behavior.

**EPIDEMIOLOGICAL STUDY IN A GROUP OF YOUNG DELINQUENTS***J. Tomàs i Vilaltella**Unitat de Psiquiatria Hospital Universitari Materno-Infantil, Barcelona, Spain*

The authors studied a group of 84 adolescents between 10 and 16 years old with behavior disorders (dissocial disorders), in the care of the Catalan government's Social Services Department who had previously been in a children's home or were so at the time of study. An epidemiological study was made of the most significant characteristics of the sample.

**Key words:** Behavior disorders, Juvenile delinquency.

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**LONGITUDINAL STUDY OF HYPERKINETIC DISSOCIAL DISORDER***J.E. de la Fuente**Consorci Hospitalari Clinic: Hospital Clinic - Hospital Casa Maternitat, Unitat Psiquiatria Infantil i Juvenil, Universitat Barcelona, 08028 Barcelona, España*

**Objective:** To make a retrospective Longitudinal Study of patients that fulfilled Hyperkinetical Disorder (HD) and Dissocial Disorder (DD) diagnostic criteria (CIE 10) during their childhood and adolescence, and their clinical and social evolution in adulthood.

**Method:**

1. 64 subjects, both sex, aged 7-12 years old when diagnosed with HDD,
2. taken from a total sample (N=201) of children with HD and aged 4-12,
3. that attended a hospital ambulatory and a private consultation,
4. controlled and followed-up from 1973 until 1998.
5. Treatment pharmacological (Methylphenidate) y psychological (cognitive-behavioral Therapy; family and school advise)
6. At the present time, aged 19-28.

**Results:**

1. Variables ascertained at intake: age, sex, diagnostic subtypes, comorbidity, personal and familiar lifetime psychopathology.
2. Adulthood:
  - Subjects that completed treatment and follow-up: N=58; 90.6%.
  - Lost of the adulthood sample: N=5; 7.8%
  - Subjects with actual Psychiatric Pathology: N=18; 30.5%
  - Diagnosis:
    - Personality Disorder: Disocial 13; Emotional Instability 3
    - Attention and Activity Disorder 9
    - Substance abuse 12 (8 subjects)
    - Mood Disorder 2; Anxiety Disorder 1
    - Delinquency: Arrest (8 subjects); Imprisonment 3
  - Academic achievement

**Conclusions:** Positive evolution of chosen multimodal treatment. A continuous pharmacological monitorization is needed. Personality disorders, substance abuse and delinquency in adulthood stand out in clinical evolution.

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**SYMPOSIUM****SY50****ATTACHMENT AND PSYCHOPATHOLOGY****566 - 570****DISORGANIZED ATTACHMENT REPRESENTATION AT 567  
5 - 7 YEARS: ASSOCIATION WITH CONCURRENT  
PARENTAL UNRESOLVED LOSS AND TRAUMA**

*R. Goldwyn, Dr. C. Stanley, Dr. V. Smith, Dr. J. Green*  
*University of Manchester, Dept. of Psychiatry, Child and Family*  
*Psychiatry, Booth Hall Children's Hospital, Charlestown Rd,*  
*Blackley, Manchester, M9 7AA, England*

**Objective:** This presentation reports results from ongoing research into young school age children's representation of attachment.

**Method:** Children's attachment representations at 5 - 7 yrs were studied using a new vignette completion interview, the Child Attachment Interview (CAI), which allows categorization of attachment pattern and rating of disorganization. Concurrent maternal AAI's and child behavior ratings were obtained. The sample was non clinical and unselected after consent.

**Results:** Moderate but significant associations were found between child disorganization and maternal lack of resolution re loss and trauma ( $\kappa = 0.48$ ,  $p = 0.003$ ). Disorganized children had elevated teacher CBCL scores for disturbed thought and behavior. Other child CAI measures also showed significant correlation with maternal scores.

**Discussion:** Previous research in the field has shown maternal unresolved loss/trauma to be significantly associated with disorganized attachment in infancy. Our results suggest that the CAI allows identification of disorganized attachment in 5 - 7 yr old children and supports research suggesting the U-D linkage found in infancy is also present later in development. The research and clinical implications of this finding will be discussed.

**566****ATTACHMENT AND PSYCHOPATHOLOGY**

*M. Ammaniti*  
*University of Rome "La Sapienza"*

Attachment theory conceived originally as a general theory of personality development (Bowlby, 1969) has stressed the importance of the nature and development of human bonding relationships, postulating the following processes:

- a) the development and stabilization by the end of the first year of different attachment patterns;
- b) the dyadic attachment interactions are internalized by the infant in his representational system as internal working models;
- c) the transition of specific attachment strategies from infancy to childhood, adolescence, adulthood;
- d) the intergenerational transmission of attachment strategies from parents to children.

In the last years attachment theory and research are moving forward several new directions (Bretherton, 1992) and one of the most promising is the study of attachment strategies in psychopathology. In clinical samples it has been evidenced (Van IJzendoorn, 1996) that the distribution of attachment strategies is extremely deviating with a strong overrepresentation of insecure and unresolved attachment (U).

However the clinical status has not been related to a specific insecure attachment classification, suggesting that the motivational system of attachment but also other motivational systems (Lichtenberg, 1989) could play a crucial role in psychopathology. The aim of the Symposium is to deepen further the complex relationship between attachment and psychopathology in research and clinical work.

**568****ATTACHMENT AND BEHAVIOR PROBLEMS**

*C. Schuengel, M. H. van IJzendoorn*  
*Leiden University*

**Objective:** Association between problem behavior and attachment have been studied with a wide array of methods and designs. Although predictive studies of child problem behavior have obvious scientific merit, studies of concurrent relationships between problem behavior and attachment can be very useful, especially for clinical applications. We show how both kinds of studies answer different sets of questions.

**Method:** A meta-analysis was done on 12 studies of infant and child attachment relationships predicting child problem behavior. In a pilot study using the Adult Attachment Interview we examined the attachment representations of 20 adolescents who had been institutionalized because of severe behavior disorders.

**Results:** Disorganized attachment relationships in infancy predicted later problem behavior. None of the adolescents had a secure mental representation of their attachment experiences, and some displayed unresolved trauma.

**Discussion:** The predictive studies suggest that attachment may play a role in causing problem behavior. However, determining which children will have clinical problems will be more difficult. The adolescent study looked at concurrent attachment representations and points to avenues for treatment.

**THE USE OF THE ADULT ATTACHMENT INTERVIEW 569  
IN CLINICAL WORK***S. Muscetta**University of Rome*

The Author will present two dissociative adolescents. In both cases after the onset of puberty the symptomatology severely interfered with their school performances.

It is well known that trauma is a central element in the etiology of dissociative disorders. In these two clinical cases no history of trauma has been detected. The Author is suggesting the possibility of extending the notion of trauma also to disadaptive caregiving relationship.

The mother of the first patient, a fifteen years old boy, had an unresolved loss resulting from the death of two previous children and from the death of her own mother which happened some months before she became pregnant of this patient. Also the boy had an unresolved state of mind with respect to a transmitted experience of loss. In this case the AAI proved to be very useful to highlight the intergenerational transmission of mental disorganization. Parents' unresolved traumatic experiences have been in fact related to infant disorganized attachment status, the linking mechanism being the frightened and/or frightening parental behavior. Disorganizing/disoriented attachment status of the baby is considered a predisposing factor toward dissociative disorders.

In the other patient there was no story of loss nor any evidence of unresolved mourning with his and his parents AAI. The one explanation the Author could find for the dissociative symptoms of this second patient was that the child himself has in a way been traumatic to his parents because of an interminable series of illnesses he had throughout his life beginning with a lasting post delivery cyanosis. The second clinical case could indicate that parents can be traumatized by the child as well: the vicious circle of pathological interactions (frightening / frightened parent – disorganized/disoriented child) may be initiated by either member of the dyad.

**SYMPOSIUM****SY51****QUALITY OF LIFE IN PAEDIATRICS AND  
PSYCHIATRY (II)****571 - 575****570****ATTACHMENT REPRESENTATIONS AND PSYCHO-  
PATHOLOGY IN FIVE TO SEVEN YEAR OLDS***J. Green, C. Stanley, R. Goldwyn, S. Marzolini.**Department of Child Psychiatry, Booth Hall Children's Hospital,  
Manchester, UK.***Objective**

1) To investigate patterns of representation of family attachments within different psychopathological groups of five to seven year old children. 2) To investigate whether developmental problems in communication or executive functioning affected children's narrative representations of family relationships.

**Method**

18 children with externalising disorder, 18 children with internalising disorder and 15 children with developmental language disorder were studied. Measures were undertaken of representations of attachment relationships with parents using a new doll play technique (Green et al 1999 submitted). Additionally there were measures of language competency (BPVS, TROG, Renfrew Bus Story). and executive functioning (the Tower of London, Luria Hand Game, and a Set Shifting Task). Children completed the Dominic Interview for Psychopathology and parents recorded psychopathology on the DISC and CBCL.

**Results**

There is no difference in age distribution between the different clinical groups. Further data analysis will investigate the distribution of attachment representations within the groups and whether variations in cognitive and language functioning systematically affect children's representations of family relationships in play.

**571****THE FUTURE OF QUALITY OF LIFE IN PAEDIATRICS  
AND PSYCHIATRY***P. Graham**27, St Albans Road, London, England NW5 1RG*

**Objectives:** The development of quality of life (QoL) measures for use in paediatrics and psychiatry is a rapidly expanding area. This workshop will address methodological considerations in the use of QoL measures with children and adolescents. Distinctions between health status and quality of life measures will be identified. In addition, the aim is to reach beyond the development phase of measures to address the extent to which they can be and are being applied in the clinical setting.

**Scope:** Presentations will revolve around discussions of:

- 1) The need for developmentally appropriate measures and the extent to which adult measures are appropriate for use with children.
- 2) The reliability and feasibility of using proxy reports will be reported.
- 3) The clinical application of measures will be examined, including the use of measures in RCTs, patient follow-up, resource allocation and decision making.

**Outcome:** Highlight areas where further research is needed and make recommendations about the use of QoL measures in research and practice.



## Multi-axial diagnostic status and quality of life: Results from an outpatient sample 572

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An empirical study is presented, which investigated the quality of life in a consecutive sample of child-psychiatric outpatients using the newly developed questionnaire „Inventory of Life Quality in Children and Adolescents (ILC)“. The multi-axial diagnoses of the out-patients were assessed on six axes (psychiatric status; developmental delay; intellectual functioning; somatic diagnoses; adverse psychosocial factors; general assessment of functioning) and the relations between diagnostic status and quality of life was analyzed. Results are presented and discussed in relation to other empirical findings

## USING MEASURES OF CHILD HEALTH AND QOL IN DIFFERENT COUNTRIES 574

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<sup>2</sup>Centre for Community Child Health, Royal Children's Hospital, University of Melbourne, Parkville, Australia.

**Objective:** Despite the now well-known cautions with the use of child QOL and health status measures across different countries, the search for indicators which are standardised, valid and reliable continues. Advantages include benchmarking of policies and clinical care, disadvantages include definition and equivalence errors. The Child Health Questionnaire, developed in the US as a self report and parent measure of functional health status and wellbeing of children, is used and referred to as an international health-related QOL tool. It has been translated into over 20 languages and used in many clinical and population studies across the globe.

**Methods:** Australian normative data were collected in 1997 using both CHQ reports. Pilot studies, comparison with US data, psychometric, epidemiological and factor structure analysis, and derivation of shorter forms were completed.

**Results:** 5414 parents of children, and 2656 adolescents responded. We describe insights gained into the utility of the CHQ when first used in a different country. Important issues for country specific weighting, scoring, analysis, and application of summary scoring methods have resulted.

**Conclusion:** Population studies have highlighted issues for consideration in the interpretation of children's scores. These studies confirmed the US short form for use, and derived a shorter measure of adolescent health and wellbeing that is psychometrically and conceptually superior than the long-form (87 item). In future we recommend the development of instruments from populations in whom the instrument will be used to capture social and cultural determinants of health and wellbeing.

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## ASSESSING QUALITY OF LIFE IN CHRONICALLY ILL CHILDREN - THE PATIENTS AND THE PARENTS VIEW

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**Objective:** Although quality of life of chronically ill children is increasingly considered an important topic in rehabilitation medicine, studies about perception of well-being and function with chronic disease before and after in- or outpatient treatment from the children's and the parent's perspective are still rare.

**Methods:** In a longitudinal study involving 196 chronically ill children and their parents at entry in a treatment program and one year thereafter, instruments to assess the quality of life from the children's perspective (the German KINDL-Questionnaire self report form) and from the parents perspective (the German KINDL-Questionnaire parent report form) were used together with medical and psychosocial variables (family climate, coping, locus of control). Children from age 8 to 18 participated in the study as well as 186 mothers and 75 fathers.

**Results:** Data analysis pertaining to the first measure point indicate a good psychometric quality of the KINDL as well as impairments in quality of life as compared to a reference group of healthy children. In addition the correlation between parents and patients perception of quality of life was in the middle to high range, indicating a correspondence of parents and children's ratings. Further results concerning the relationships between psychosocial determinants and quality of life indicators in different health states will be presented.

**Conclusions:** The results demonstrate the benefit of a multidimensional assessment approach involving children and parents in evaluating pediatric treatment programs.

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## HEALTH RELATED QUALITY OF LIFE: ABOUT TRAIT AND STATE OR ABOUT HOW WELLBEING IS MADE? HRQOL IN PREMATURE OR LOW BIRTH WEIGHT CHILDREN AT THE AGE OF 14

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'Health Related Quality of Life' (HRQoL) covers a multitude of divergent ideas and concepts. This divergence is enhanced by the use of varying measurement procedures. This will be illustrated using data collected in a large cohort of premature / low birth weight children, now 14 years of age, followed since their birth. Data on health status, utilities, psychological functioning and evaluation of health status will be compared, effects of varying measurement procedures shown. The results show that varying HRQoL indices are not convergent and therefore very difficult to interpret. It is concluded that HRQoL is a fine slogan for a respectable innovation in health care, but, in its current use, a scientifically unsuitable, possibly dangerous concept. If we want to improve HRQoL, shouldn't we focus on the – direct and indirect – relationships between health and wellbeing in stead of trying to assess the x-teenth trait or state?

**SYMPOSIUM****SY52****DIAGNOSTIC TOOLS IN THE ASSESSMENT OF  
AUTISM****576 - 582****DIAGNOSTIC TOOLS IN THE ASSESSMENT OF AUTISM****M. Noterdaeme***Heckscher Klinik, Department for Developmental and Behavioral Disorders, Munich, Germany*

Language and communication problems are very often combined with a wide variety of behavioral disturbances. Infantile autism, specific developmental speech and language disorders as well as mental retardation are among the most commonly considered diagnoses whenever a constellation of language problems and more or less specific behavioral problems is found in a child.

The focus of the symposium will be on the diagnostic assessment of these groups of children and the discussion of the difficulties in the differentiation of these diagnostic categories.

The first presentation gives an overview on the overlap and boundaries of the different diagnostic categories. It serves as a frame for the discussion of the other papers. The next two presentations review the usefulness of the ADOS and the ADI in the assessment of communicative and interactive behaviors in language impaired and autistic children.

The next paper stresses the importance of joint attention behavior as a specific impairment in autistic children.

Finally, the role of imagination in impaired play behavior and in the generation of stereotyped behaviors is illustrated by video demonstration.

**PROBLEMS IN THE DIAGNOSTIC CLASSIFICATION  
OF DEVELOPMENTAL DISORDERS IN CHILDREN****577**

*H. Amorosa, M. Noterdaeme, S. Sitter\*, K. Mildenerberger\*:  
Heckscher Klinik, Department for Developmental and Behavioural Disorders, Munich. \*Institute for Child and Adolescent Psychiatry, Ludwig-Maximilians-Universität, Munich.*

About two thirds of the children with early infantile autism are mentally retarded. All autistic children have problems in communication by definition and almost all of them also show deficits in expressive and receptive language development. Motor impairments are common in these children as well as hyperkinetic symptoms. The diagnostic tools to identify autism like CARS or ADOS and ADI have focussed mainly on the differentiation of children with autism and children with mental retardation without autism. Very few attempts have been undertaken to look at the differential diagnosis of speech and language disorders, especially receptive language disorders or ADHD.

The „overlap of syndromes“ or the „comorbidity“ in children with early infantile autism will be discussed in terms of dimensional or categorical approaches to the diagnosis of developmental disorders as an introduction to the following papers.

**576****578****DIFFERENTIAL DIAGNOSIS OF INFANTILE AUTISM VS. RECEPTIVE  
LANGUAGE DISORDER***K. Mildenerberger\*, S. Sitter\*, H. Amorosa\*\*, M. Noterdaeme\*\***\*Institut für Kinder- und Jugendpsychiatrie, LMU Munich**\*\*Heckscher Klinik, Dept. for Developmental and Behavioral Disorders, Munich*

**Objective:** Children with a severe receptive language disorder (F80.2) may display some of the deficits in communicative language skills and social interaction associated with autism (F84.0). Hence, in some cases, the differential diagnosis between the two groups of children with a developmental disorder is difficult. The present study examines the distributions of ADI items to find out how good the two groups are discriminated.

**Method:** Mothers of 17 children with receptive language disorder and of 11 children with infantile autism were interviewed according to ADI instructions. The children were of roughly normal to superior intelligence ( $IQ \geq 84$ ) and of ages six to 14. They had been diagnosed according to ICD-10 criteria independently of the present study and without the use of the ADI instrument.

**Results:** A detailed analysis of the characteristics of the single ADI items and the sum scores of the ICD-10 areas in terms of sensitivity and specificity is presented.

**Conclusions:** This analysis sheds light on the utility of the ADI instrument as well as on the distribution of „autistic“ symptoms in the language-disordered group. Due to the small samples of high-functioning autistic children which are accessible from a single research institution, all conclusions must remain tentative; a compilation of ADI results obtained by many sites is highly desirable.

**DIAGNOSTIC ASSESSMENT OF CHILDREN WITH AUTISM AND RECEPTIVE LANGUAGE DISORDER**

*M. Noterdaeme, S. Sitter\*, K. Mildenberger\*, H. Amorosa, Heckscher Klinik, Department for Developmental and Behavioral Disorders, Munich. \*Institut für Kinder und Jugendpsychiatrie der Ludwig-Maximilians-Universität, Munich.*

**Objective:** The purpose of this study is to compare and evaluate the overlap of interactive and communicative problems between children with infantile autism and children with a receptive language disorder.

**Method:** 10 children with autism, 18 children with a receptive language disorder and 18 children with an expressive language disorder participated in the study. All children had normal nonverbal IQs. Relevant behavioral dimensions were assessed with the Autism Diagnostic Observation Schedule (ADOS). For each behavioral dimension, an algorithm classified each individual child as autistic or not.

**Results:** Only two autistic children fulfilled the algorithm criteria on all three behavioral dimensions of the observation schedule. None of the children with a language disorder reached the algorithm criteria on more than one behavioral dimension. There were no differences between the children with expressive and with receptive language disorder.

**Conclusions:** The ADOS is of limited usefulness in the differential diagnosis between high functioning autistic children and children with receptive language disorder. In most cases parent information provides a more powerful instrument in the diagnostic assessment of these children.

**579 SYMBOLIC PLAY IN CHILDREN WITH AN AUTISTIC SPECTRUM DISORDER**

*I.A. van Berckelaer-Onnes, Research Group Developmental Disorders, Department of Child Care and Special Education, University of Leiden, The Netherlands.*

**Objectives:** The research project has two objectives:

- Comparing toy play behaviour of autistic, deaf, mentally retarded and non-handicapped children.
- Developing and evaluating a play-training programme for autistic children.

**Methods:** Toy play activities of the four mentioned groups of children were measured during structural play sessions following the developmental phase of play: simple manipulation, relational play, functional play, and symbolic play. Based on the results of the autistic group, the play-training programme has been developed. Thirty children followed the programme.

**Results:** Children with autism display severe problems in symbolic play. They do not show the precursors of symbolic activities. Play-training can improve the first three play phases, but not reach the level of symbolic play. Only a few children were able to show some symbolic activities, but these were not embedded in a theme.

**580****582****EVALUATION OF EARLY EMERGING SOCIAL-COMMUNICATIVE ABILITIES IN YOUNG CHILDREN WITH AUTISM**

*H. Roeyers, S. Verté, Research Group Developmental Disorders, Department of Clinical Psychology, University of Ghent, B-9000 Gent, Belgium.*

**Objective:** The main purpose of our research project was twofold: 1) to give a differentiated picture of social-communicative impairments in young children with autism; 2) to investigate the development and the interrelationships of early emerging social-communicative abilities.

**Methods:** In a series of three related studies, imitation of body-movements, of object-manipulations and of symbolic gestures as well as several joint-attention behaviours were investigated in preschool children with autism (70 in total) and in MA and CA matched controls with general developmental or language disorders.

**Results:** Children with autism were found to be impaired or delayed in all abilities. Imitation abilities were significantly related with MA and CA in children with autism.

**Conclusions:** The evidence for an autism-specific deficit appears to be stronger in the domain of joint-attention than it is for imitation. Unlike in normal development, procedural imitation and joint-attention appear to be on a different timetable. The findings of these studies may have implications for early clinical diagnosis.

**IMPAIRMENT OF EMOTIONAL PROCESSING IN AUTISTIC AND DYSPHASIC CHILDREN.**

*Robel L., Perrier A. Mouren-Siméoni M-C, and Flament M.*

**Introduction :** Autism is a pervasive developmental disorder (PDD) characterized by the association of communication and social interaction impairment, as well as stereotyped behaviour. Autism may be part of a larger spectrum of disorders including language disorders, semantic pragmatic disorders, and autistic disorders.

In this study, we have tested the hypothesis that the processing of emotional informations may be impaired in both autistic and dysphasic disorders.

**Methodology :** Three groups of PDD, dysphasic and normal controls subjects aged 6 to 12 with an IQ over 70 were given two batteries of tests. The first test is a computerized test exploring the perception of faces and emotions on children's face pictures. The second test explores the perception of intentionality.

**Results :** When asked if the identity of the child as depicted on two sequential pictures is the same, independently of a change in the expression on the face of the child, dysphasic and autistic children have significantly lower scores, compared to controls. There were no group differences on the other test results.

**Conclusion :** In autistic and dysphasic children, two groups of patients having impaired language abilities, changes in facial expressions are wrongly interpreted as different identities, whereas facial expressions and features are correctly recognized.

**SYMPOSIUM****SY53****DEVELOPMENTAL DISORDERS****583 - 589****Cognitive correlatives of reading accuracy in normal and language impaired French children and their significance 584**

Georges DELLATOLAS, Sophie MARTIN, Catherine DUPUIS,  
Helgard KREMIN  
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The same battery of language and memory tasks was proposed to (i) 77 normal schoolchildren aged 6:6 to 7:10 years, (ii) 60 schoolchildren aged 7:10 to 10:10 years with and without special education for reading, of high and very low socio-economic level and (iii) 30 children aged 8:4 to 13:9 years in a special education centre for dysphasic children. Statistical analysis focuses on cognitive correlatives of lexical and nonlexical reading accuracy. Results show that (i) phonology-related tasks such as repetition of nonwords are the strongest and the most specific correlatives of reading accuracy both during normal reading acquisition and in reading-impaired children; (ii) other tasks (e.g. automatic naming, some memory tasks) are more dependent on socio-cultural factors than on specific reading impairment; (iii) in children with severe language impairment, lexical reading accuracy is more dependent on PIQ and age than nonlexical reading accuracy. The respective roles of environmental factors, such as familiarity with books and written material from infancy onwards, and possibly genetic factors related for instance to a deficient perception of linguistic sounds in reading accuracy are discussed.

**583****585****Orthographic knowledge and phonological recoding in spelling**

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Psychological Institute, University of Vienna, Department of applied and clinical psychology, A-1010 Wien

To demonstrate the specificity of a deficit in phonological recoding-processes in spelling as a main source of spelling difficulties in a language with quite regular phoneme-grapheme-correspondencies, 1800 Austrian children of the 2<sup>nd</sup> to 4<sup>th</sup> grade were given a specially constructed spelling test which required the knowledge of the specific spelling of words which could not be deducted by regular phoneme-grapheme-correspondencies. The performance on this test was compared with the spelling of pseudowords as an indicator of phonological recoding, since this could be done based only on the analysis of the phoneme sequence and the application of phoneme-grapheme-correspondence rules. To check whether the difficulties in phonological recoding of poor spellers are greater than the overall retardation in the spelling development they were compared with average pupils of the same spelling level.

Results: It could be shown, that the development of orthographic knowledge is in German-speaking children considerably delayed compared to the acquisition of the phonological recoding ability. Never the less poor spellers have some problems with phonological recoding even in the higher grades and their orthographic knowledge is better developed than that of younger average spellers.

**Developmental Disorders**

M. v. Aster, M. Pitzer  
University of Zurich; Central Institute of Mental Health, Mannheim

Developmental disorders and comorbid psychiatric diseases are a central feature in Child and Adolescent Psychiatry. The Symposium includes neuropsychological, clinical, classificational, and therapeutical aspects of this issue.

**THE MARBURG PARENT CHILD SPELLING TRAINING PROGRAM***G. Schulte-Körne, W. Deimel, H. Remschmidt**Departement of Child and Adolescent Psychiatry, Philipps-University Marburg, Hans-Sachs-Straße 6, 35039 Marburg*

The results of a parent-child spelling training program were reported. 17 spelling disabled children took part in a guided parent training program which was based on German spelling rules. The parents were instructed by two therapists teaching their children once a month. The results after one year of tutoring had shown that the children only improved in the spelling areas that had been worked on in the program, as opposed to a general improvement. After two years the improvement in the specific areas had further increased, and additionally a general improvement (spelling test percentile rank) could be observed. Besides these effects, there was a marked improvement of the childrens' self-confidence. Significant predictors of the specific spelling improvement were the specific spelling ability at the initial measurement and whether or not the mother was working; significant predictors for the general improvement could not be found. In general it was shown that supervised tutoring by parents can be very effective for improving childrens' spelling ability.

**586 COGNITIVE-NEUROPSYCHOLOGICAL SUBTYPES OF DEVELOPMENTAL DYSCALCULIA**

PD Dr. Michael von Aster, Department of Child and Adolescent Psychiatry, Inpatient Unit 'Brüschhalde', University of Zurich, CH-8708 Männedorf/Zürich

Developmental Dyscalculia can occur with and without other leading disabilities and it has been found to be associated with specific behavioural and emotional disturbances.

According to adult cognitive-neuropsychological models of information processing, there are separate code-specific brain modules (verbal, arabic, analogue-magnitude) located in different areas of the left as well as the right hemisphere, that contribute to the complex functions of number processing and calculation. Biological as well as environmental factors are assumed to cause deficits in the maturation of these brain modules during childhood, which may lead to different kinds of dysfunctions in learning mathematics.

2<sup>nd</sup> to 4<sup>th</sup> grade children (normal school children as well as children with specific learning disabilities) have been administered to a neuropsychological testbattery for number processing and calculation. The testbattery covers different aspects such as counting, transcoding numbers from one code to another, simple arithmetic, problem solving, number comparison, as well as perceptual and cognitive magnitude judgement. Using cluster analysis it has been possible to distinguish three different subtypes of developmental dyscalculia. The results are discussed in the light of developmental models of specific information processing.

**588****587****Language and learning disorders and psychopathology from toddlerhood into school-age***M. Pitzer, M. Laucht, G. Esser, M. H. Schmidt**Department of Child and Adolescent Psychiatry, Central Institute of Mental Health, D-68072 Mannheim, Germany*

**Objective:** Course of language and learning disorders (LLD) and their association with emotional / behavioral problems during childhood.

**Methods:** In a longitudinal prospective study cognitive skills and psychopathology of 329 children (158 boys / 171 girls) were assessed at ages 2, 4<sup>1/2</sup> and 8 years.

**Results:** About one third of Ss. with language disorder at ages 2 or 4<sup>1/2</sup> years continued to show LLD at 8 years. A majority of affected boys at 2 years was later followed by an equal sex-ratio.

2-year-old LLD-boys presented more externalizing symptoms than controls. From 4<sup>1/2</sup> years on the pattern differed with respect to gender: LLD-boys showed predominantly more emotional problems and second, hyperkinetic symptoms whereas the LLD-girls had more hyperkinetic and in a tendency more conduct symptoms. Emotional problems in 8-year-old boys could also be predicted by a language disorder at age 2, even when controlling for prior internalizing problems and psychosocial risk. In contrast, emotional / behavioral problems in preschool-age did not predict later reading or spelling achievement when controlling for LLD.

**Conclusion:** Association between LLD and psychopathology is gender-specific. There is no evidence that behavior problems predate LLD. However, at least emotional problems in boys, seem to succeed LLD.

**The ICDH-2 and its Relevance for Diagnosis, Prognosis and Intervention in Developmental Disorders.***Judith Hollenweger, Michael von Aster**Institut für Sonderpädagogik der Universität Zürich, Hirschengraben 48, 8001 Zürich*

Child Psychiatry today widely uses the multiaxial approach within the ICD-10 framework which allows a multidimensional description and a differentiated assessment of a disorder. The WHO International Classification of Impairments, Disabilities and Handicaps (ICIDH), currently undergoing a revision (ICIDH-2). It is available only as a general manual of Dimensions of Disablement and Functioning and classifies consequences of a health condition (diseases, disorders or injuries) relative to activity limitations and participation restrictions. The ICIDH-2 is based on the fact that every person with a similar impairment or disorder will experience differing limitations of his or her activities as well as differing restrictions in social participation. While one person experiences considerable social restrictions based on a reading and writing disorder, for example in school, another person may not show any alterations respective to his or her activities and participation. The assessment of these factors are very important, especially when offering a prognosis or planning intervention.

This paper attempts a comparison between the ICD-10 and the less well-known ICIDH-2. Using selected developmental disorders as examples, an illustration will be given of how the ICIDH-2 may serve as a translator between diagnosis and intervention which can be used across various disciplines and professional settings.

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**SYMPOSIUM****SY54****EFCAP-Symposium****INTERCULTURAL SKILLS IN FORENSIC  
ASSESSMENT AND THERAPY****590 - 596****SYMPOSIUM: „INTERCULTURAL SKILLS IN FORENSIC  
ASSESSMENT AND THERAPY“**(European Association for Forensic Child and Adolescent  
Psychiatry, Psychology and other Involved Professions)  
chair: R. Schepker, NN*Speakers:* S. Bailey, Manchester;  
T. Doreleijers/J. Vermeiren, Den Haag; C. Aydin/M. Tamar,  
Izmir; R. Schepker / G.O. Fisek, Essen / Istanbul

This symposium aims at intercultural aspects in forensic  
adolescent work, prevention, psychiatric assessment and  
therapy.

Since DSM IV established standards for cultural diagno-  
ses, we have observed an increasing mobility between  
European cultures too. Intercultural aspects deserve  
growing attention.

In the field of forensic adolescent psychiatry, the sympo-  
sium addresses the specific ways of dealing with juvenile  
offenders in different cultural settings and in different so-  
cieties, as well as the problem of assessing and treating  
defendants from ethnic minorities. Though there is no  
evidence that factors related to ethnicity heighten the risk  
for delinquency, psychiatrists see a growing proportion of  
forensic patients who belong to an ethnic minority, and  
often lack intercultural skills. Moral development across  
nations may vary greatly, and the different legal systems  
integrate these aspects in individual ways.

After discussing 4 papers from 4 nations, our aim is to de-  
velop some basics for future training and research.

**PSYCHOPATHOLOGY IN MORROCCAN YOUNG DELINQUENTS****591***Th. Doreleijers, R. Vermeiren, F. Moser, T. Deklippele, D. Deboutte,  
Department of Child and Adolescent Psychiatry of the Vrije Universiteit  
Amsterdam respectively the University Department of Child and Adolescent  
Psychiatry, Middelheim Hospital, Antwerp, Valeriusplein 18, 1075BH  
Amsterdam, The Netherlands*

**Objective:** Young Moroccans cause a lot of trouble in the bigger cities of  
Belgium and The Netherlands. We compared the data of psychopathology  
prevalence studies carried out among juvenile delinquents in The Hague and  
Antwerp to find differences and similarities between the criminal populations in  
both cities concerning socio-demographic data and psychopathology. More over  
the immigrants were compared with the native young people.

**Methods:** Almost 200 young delinquents who were brought before the juvenile  
court suspected of a major crime have been assessed extensively by standardised  
(semi-structured) interviews and by dimensional questionnaires. The parents have  
been interviewed also. The response rate was high and the non-responders  
resembled the responders quite well.

**Results:** In the entire group some 65% of the youngsters turned out to suffer from  
psychopathology, i.e. they had a DSM axis I-diagnosis in combination of an axis  
V-level of functioning < 61. In young delinquents of Moroccan origin no more  
psychopathology was found compared to native youths. They came from the  
lowest socio-economic class and a high degree of unemployment was found in  
the parents. Their seriousness of crimes was higher. And so was their recidivism  
rate.

**Conclusion:** This study did not elicit a higher prevalence of psychopathology in  
delinquent youths from Moroccan origin than from native origin; apparently the  
sociocultural background is of more interest in their problematic way of living.

**590****SOCIODEMOGRAPHIC CHARACTERISTICS IN JUVENILE  
DELINQUENCY IN TURKEY****592***C. Aydin, M. Tamar**Ege University, Child and Adolescent Psychiatry Department,  
Izmir, Turkey*

**Objective:** It is hypothesized that known etiological factors  
which affect the characteristics of juvenile delinquency in a  
given society differ between societies.

**Method:** Meta-Analysis. Sociocultural/sociodemographical fac-  
tors possibly connected with juvenile delinquency in Turkey, a  
developing country and a changing society, are reviewed based  
on crime statistics and trends.

**Results:** According to official statistical data (1975, 1980, 1985,  
1990) delinquency rates between ages 12-15 are 1.4%, 1.0%,  
0.8% and 0.3% respectively; between 16-18, rates are 2.9%,  
6.5%, 3.8% and 2.2% respectively –being low under 15 and  
increasing with age. Stealing is far more common than sexual  
delinquency or assault/homicide for familial/cultural traditional  
reasons.

Etiology of juvenile delinquency may be related to family ad-  
versity, educational problems, inadequate control, migration  
from rural areas to big cities or from one region to another, ad-  
justment problems of newcomers, rapid urbanization, uncon-  
trolled population increase, changing social and moral values,  
conflicts among different ethnic or politically/religiously ori-  
ented groups, changing and inconsistent political attitudes, great  
diversity of family and individual orientations, inadequate men-  
tal health services for children and families.

Specific courts/correctional institutes for children and adoles-  
cents are few in number. Most of delinquents are not eligible for  
psychiatric treatment because basic needs have to be cared for  
first. Well planned political, educational, economic and health  
care strategies are necessary.

**Health of Adolescents from Minority Ethnic Communities***S. Bailey and C. Smith**Adolescent Forensic Service, Mental Health Services of Salford NHS Trust, Bury New Road, Prestwich, Manchester, M25 3BL, United Kingdom***Objectives**

Ethnic minority communities make up 58% of UK population, of this total 8% are children under 16 years. From 1995 it has been mandatory to include ethnic data in a minimum data set in the UK.

**Methods**

A retrospective case note study of all consecutive referrals to the Adolescent Forensic Service over a one year period. Data collected on demographics, care, personal and family history, offence/offending characteristics, diagnosis and recommendations for in-patient stay.

**Results**

Ages at point of referral 10-18 (peak 15 years), ¼ of the referrals were males. Offending behaviour and violent/aggressive behaviour were documented as the primary reason(s) for referral. At point of referral the majority were placed in hospital or secure care. Psychosis/schizophrenia predominant diagnosis. Almost 2/3 had committed an offence and the majority involved some form of violence against the person.

**Conclusions**

Services need to be sensitive to the cultural, religious, and linguistic needs, acknowledge heterogeneity whilst not re-inforcing stereotypes. The medical model is still essentially eurocentric in approach/understanding of illness.

**593 INFANT-ADULTS RELATIONSHIPS IN A MATRIARCHAL SOCIETY***R. Brunod,**Infant Group of Fort de France, lotissement Hibiscus, BP 631, 97261 Fort de France Cédex, Martinica, French West Indies*

**Objective:** To analyze the various factors which contribute to the isolation of a child and his mother in Caribbean traditional matriarchal families.

**Methods:** Several clinical cases of infant disorders are discussed by the light of the systemic and the attachment theories.

1.) we study the various way of impairment of the ties between the women in the family.

2.) we show by examples how we reestablished around both the child and the mother a network of clearly individualized ties.

**Results:** some mothers met again the social organization they knew before as some others went into the nuclear family model.

**Conclusion:** Based on our experience, different types of family organization can meet the needs of a young child as long as he (she) can establish ties that are sufficiently diversified, clear and powerful for him (her) to be able to define and place himself.

**595****594****A TRANSCULTURAL SURVEY OF TURKISH PARENTS' ATTITUDES TOWARDS MORAL EDUCATION***R. Schepker, G.O. Fisek**University Clinic for Child and Adolescent Psychiatry and Psychotherapy, D-45147 Essen, Germany;**Psychology B, Bogazici University, Istanbul***Objective**

Effects of migration in minority populations may be mistaken for effects of culture. This can be overcome by transcultural research. Given the rise in criminal charges against immigrant youths, moral education is of great importance.

**Method**

Semi-structured interviews on hypothetical conduct disorder in a neighbor's child with 200 migrant families in Istanbul compared to 77 families migrated from Turkey to Essen; consecutive in-depth interviews on moral education with parents of severe juvenile offenders.

**Results**

Istanbul parents had a higher educational level and early urbanization, analyzed causes better. Families in Germany were pragmatic (86% named solutions for conduct problems). Child-oriented approaches (convince, punish) were more often sought in Germany, parent-oriented approaches in Istanbul. Discussions on public conduct, enhancing children's ability to 'switch codes' between cultures, were absent in the educational approach of Turkish families whose sons were charged with severe crimes.

**Conclusion**

Moral education differs between cultures. A move towards enhancing self-responsibility is visible in Turkey - Germany migrants, and a lack of this approach in juvenile offenders' upbringing.

**596****RESILIENCE OF REMIGRANT CHILDREN AND ADOLESCENTS***L. Vuorenkoski, I. Moilanen, H. Ebeling, V. Penninkilampi-Kerola, Clinic of Child Psychiatry, University of Oulu, FIN-90220, Oulu, Finland*

**Objective:** The purpose of this study was to examine the factors which influence the mental well-being of the children of returning migrants. The concept of resilience is used as a core of the theoretical framework.

**Methods:** The study population consist of 320 Finnish children who have remigrated back from Sweden at a school age. The material was collected by using questionnaires sent to these children and their parents and teachers. The questionnaires were sent initially after the remigration and then six years later. The primary dependent variables used were depression (CDI) and behavioural disturbances (Rutter B2 and A2).

**Results:** The studies we have made exhibit many factors which are associated with depression and behavioural disturbances of remigrant children: speaking habits and capabilities, family structure, contacts to Sweden after remigration, school performance, unemployment of the parents and friends. Language used for instruction in school or daycare was not connected to mental health of the remigrant children in this material.

**Conclusions:** The systemic approach to life-events can be useful to achieve understanding of the dynamics of different factors in complex situations such as remigration. However, perhaps epidemiological study alone is not the best way to analyse the dynamics of mental health in children and a qualitative approach may be needed in addition.

**SYMPOSIUM**

SY55

**CHILDREN OF SOMATICALLY ILL OR  
IMPAIRED PARENTS - CLINICAL AND  
RESEARCH ISSUES**

597 - 602

**CHILDREN OF SOMATICALLY ILL OR IMPAIRED  
PARENTS: CLINICAL AND RESEARCH ISSUES***D. Bürgin<sup>1</sup> & P. Riedesser<sup>2</sup>*<sup>1</sup>*Child & Adolescent Psychiatric University Hospital, CH-4058  
Basel, Switzerland*<sup>2</sup>*Dep. of Psychiatry and Psychotherapy of Childhood and Adolescence,  
University of Hamburg, D-20246 Hamburg, Germany***Summary:**

Despite the well-known fact that serious somatic illness in a parent is a major risk factor for psychiatric disorders in children and adolescents, there has been little clinical attention to as well as systematic research on this topic. This symposium brings together some clinical researchers from two countries who present and discuss their findings.

Presentations will cover studies on children of parents with multiple sclerosis, children of physically handicapped parents and methodological issues. A case study will illuminate the role a somatic illness in a parent may play for the development of a conversion reaction in a child.

An integrative discussion will follow at the end of the symposium

**PSYCHIC SEQUELAE OF PARENTAL SOMATIC  
ILLNESS IN CHILDREN AND ADOLESCENTS:  
METHODOLOGIC ISSUES**

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University of Hamburg, D-20246  
Hamburg, Germany*

**Introduction:** In former studies on children of somatically ill parents little reflection has been made on how methodology and questions to be investigated may determine each other, and which direction of determination is the leading one.

**Method:** In a systematic review of 39 published sample studies a critical analysis of mutual influences between methods and types of questions as well as results has been made. Metaanalyses of statistical data were included to a possible degree as well. This led to a discussion on how

- 1) quantitative and qualitative approaches,
- 2) within-group and between-group designs,
- 3) standardized and less structured instruments, as well as

as 4) the respective degrees to which children, parents or families are the approached informants, can be interwoven in a complex design depending on the theoretical assumptions made and the questions derived for empirical investigation.

**Result:** Based on this methodologic discussion we, as an example, present a design we have developed for the pilot phase of a study with families, in which a parent is undergoing hemodialysis. In this, data from standardized questionnaires are complemented by narrative elements from half standardized interviews with the child and the family. Preliminary data are presented for the purpose of illustration. Difficulties in data evaluation and interpretation are discussed.

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**GENDER SPECIFIC DIFFERENCES IN THE PROCESS  
OF COPING WITH MULTIPLE SCLEROSIS (MS)**

*B. Steck, F. Amsler, M. Roth Stadler, S. Toepfer, L. Kappos, D. Bürgin*

*Department of Child and Adolescent Psychiatry, University of  
Basel, CH 4058 Basel, Switzerland*

**Objective** To analyze how the process of coping with MS of the patient and his or her partner is affected by such variables as the gender of the patient, the degree of the disability or an associated elevated depression score.

**Methods** Semistructured interviews with 52 parents (26 female, 26 male patients) were videotaped and rated to obtain an overall evaluation of the coping process. The neurological status (including the Expanded Disability Status Scale), independently questionnaires (including the Beck Depression Inventory) were recorded.

**Results** There was a significant inverse correlation between the degree of the disability and the efficiency of coping in the female patient, not in the male patient.

As the degree of the disability increases in the male patient, the better is the process of coping in the female partner. Female patients with an elevated depression score influence negatively the coping process of their partners, in whom a depressive score is also measured. This is not the case for female healthy partners of male patients with elevated depression scores. Clinical examples will be presented.

**Conclusions** Healthy mothers cope better than healthy fathers with the severity of the disability and an elevated depression score of their sick partner, suggesting that offsprings of a severely disabled and depressed mother are at a higher risk for insufficient coping with the parental disease.



# THE COPING PROCESS OF OFFSPRINGS OF PARENTS AFFECTED BY MULTIPLE SCLEROSIS (MS) DEPENDS ON THE GENDER OF THE PATIENT AND THE GENDER OF THE OFFSPRING.

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**Objective:** To analyze how the process of coping of offsprings of MS parents is influenced by the gender of the sick or healthy parent and to investigate the role the gender of the offspring plays in the process of coping with the disease of his father or his mother.

**Methods:** Semistructured interviews with 52 parents (26 female, 26 male patients) and 84 offsprings 3-26 years old were videotaped and rated to obtain an overall evaluation of the coping process. The neurological status (including the Expanded Disability Status Scale) was recorded. Questionnaires (including the Beck Depression Inventory) with parents and projective material and drawings with offsprings were used.

**Results:** There are significant correlations between the coping process of the offspring and the coping process of the healthy parent. The correlation is high between the healthy father's coping process and his son's, as well as between the healthy mother's coping process and her daughter's. Girls cope better with the parental disease than do boys, irrespective of the gender of the affected parent.

**Conclusions:** Boys are at a greater risk for insufficient coping with parental disease of either gender than girls. The coping process of a boy is dependent on the coping process of his healthy father, which in turn is strongly influenced by the coping process of the sick mother. The coping process of a girl is dependent on the coping process of her healthy mother, which is less influenced by the coping process of the sick father.

# 600 PARENTAL BRAIN TUMOR AND LYMPHOMA LEADING TO CHILDHOOD DISSOCIATIVE AND ATTENTION DEFICIT DISORDER - A CASE STUDY 602

O. Bilke

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We report the case of a now 14 year old girl with normal intellectual capacity and several psychopathological abnormalities such as attention deficit disorder, dissociative phenomena, somatoform headaches and dissocial behaviour. Her father died of a brain tumour four years ago having suffered from severe headaches for years, her mother suffers from a malignant lymphoma with dermatological problems and depressive mood swings.

The differential diagnosis, therapeutical problems and the course over the past three years are critically discussed. Diagnostic deadlocks are reported in particular in order to demonstrate the typical features of psychosomatic ill children of somatically ill parents. Psychodynamic features will be discussed using Operationalized Psychodynamic Diagnostic (OPD) criteria whereas useful.

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# THE SITUATION OF PHYSICALLY HANDICAPPED PARENTS AND THEIR CHILDREN

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**Objective:** The situation of physically handicapped parents and their children is not adequately evaluated in Germany and Europe. We assume that there is a important influence caused by a physically handicapped parent on the quality of life for the whole family and the children's development and outcome. We also suppose that there are some internal and external protective and risk factors for the physically handicapped parents and their children.

**Methods:** In order to evaluate this matter appropriately and to generate hypotheses we conducted a study with a qualitative design:

1. 50 parents with a physical handicap were asked by non-structured interviews about their situations in life.
2. The statements of these parents were sorted into a chronological order from the time to parenthood up to the current age of their children.
3. In a further step the statements were subdivided into categories of protective and risks factors according to the age of their children.

**Results:** We found some general protective and risk factors for parents with physical disabilities concerning child development and parenting. The need for and kind of help and interventions depend on the age of the children.

**Conclusions:** The physical handicap of one parent has an important influence on the whole family. If the protective factors are strong enough there is a good perspective of the children's development and outcome. Some recommendations for preventive strategies are given.

**WORKSHOP****WS 11 - WS 16****603 - 611****ENHANCING CHILDREN'S EARLY PSYCHOSOCIAL DEVELOPMENT****604**

*A. Paradisiotou, S. Kyriakides, Y. Hadjipanayi, S. Vizacou: Cyprus*  
*T. Tamminen, K. Puura, M.M. Turunen: Finland*  
*V. Ispanovic-Radojkovic, N. Rudich, J. Radosavljev, A. Radojkic: FRY*  
*J. Tsiantis, T. Dragonas, E. Layiou-Lignos, K. Papadopoulou: Greece*  
*H. Davis, I. Cox, C. Day, R. Roberts: U.K.*

This study is a multicultural (6 countries) and longitudinal (pregnancy to 2 years) research project in the areas of primary prevention, early intervention and children's psychosocial development. The study uses primary health care professionals (PHCP) to address two highly important issues: early detection of conditions that may put an infant's development at risk and preventive intervention with children and families in need. The aim is to promote children's psychosocial development and to prevent psychosocial dysfunction by developing and evaluating a training program and a system for early detection and intervention (service manual) to be used by the personnel involved in primary care. The service is designed to be flexible in response to need and to involve the network of primary health care services, their usual personnel and their clientele.

A rigorous evaluation procedure constitutes a vital component of the project. It consists of four inter-related parts:

- 1) Evaluation of the impact of training on the PHCPs;
- 2) Assessment of the quality of intervention;
- 3) Evaluation of the impact on child and family outcomes at 18 to 24 months of age.
- 4) Assessment of the programme's cost effectiveness.

**603****A TIERED CHILD AND ADOLESCENT MENTAL HEALTH SERVICE**

*G. Richardson, I. Partridge, N. Jones*

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The United Kingdom Government has recommended a tiered system of organisation of Child and Adolescent Mental Health Services (CAMHS) for England and Wales (1) in line with the recommendations of the National Health Service Health Advisory Service Report "Together We Stand" (2). This workshop will detail how these recommendations have been put into practice in a community based CAMHS serving a population of 280,000 and a Tier 4 Service to a potential population of 2 million.

**Objectives:** To disseminate the practical implementation of a tiered system within a CAMHS to improve structure, understanding and function.

**Method:** Didactic presentation and group discussion of worked examples which will include:

- Allocation and prioritisation processes to avoid waiting lists,
- The effective use of a multidisciplinary team,
- Liaison and Consultation to Tier 1 Professionals,
- The organisation of Tier 3 teams geared to specific disorders,
- The use of audit to maintain standards,
- The integration of Tier 4 services with Tier 2 and 3 Services.

**Results and Discussion:** The results of the implications of these changes within CAMHS in York will be presented and discussion encouraged on how they may be implemented elsewhere.

**References:**

1. House of Commons Health Committee (1997), Child and Adolescent Mental Health Services, HMSO.
2. Williams R & Richardson G (eds) (1995), Together we Stand: The commissioning, role and management of child and adolescent mental health services, NHS Health Advisory Service, HMSO.

**605****CHILD APPROACH IN FAMILY PSYCHOTHERAPY**

*J. Piha, A. Sourander, Child Psychiatry Clinic, University of Turku, FIN-20520 Turku, Finland*

Family psychotherapy can be considered as a basic treatment mode in child and adolescent psychiatry because it is not possible to work with children without the parents. While working with families with children it is beneficial to follow the view that it is the designed child patient who brings the family in the therapy. As the consequence, it will be easy to use the problem child as a guide, as a co-therapist, or as a consultant in the therapy process. Working with children and adolescents in family therapeutic setting requires the adoption of child centred approach, and the use of non-verbal therapy techniques. There are several useful theoretic frames of reference which will clarify the totality of the family situation and the role and status of the problem child in this system. The idea about the family life cycle, the systemic, structural, and psychodynamic perspectives, and the three generational approach are the most meaningful in working with children and adolescents. The current development in the field of early interaction and child development will in future change the ways to carry out family psychotherapy.

## INTEGRATING THE CONCEPTS FROM EARLY INTERACTION AND FAMILY THERAPY: ATTUNEMENT AND JOINING

*J. Piha, E. Savonlahti, F. Schmitt, A. Sourander, Child Psychiatry Clinic, University of Turku, FIN-20520 Turku, Finland*

In family therapy, the non-verbal quality of interaction has been emphasized. Current theoretical conceptualizations and empirical findings in the field of early interaction accentuate the importance of the preverbal mother-infant relationship. Using the Sternian theoretical frame of preverbal infant development it is possible to find new contents in the customary family therapy techniques.

Family therapist agree that establishing a stable alliance with the family is a prerequisite for successful therapy. "Joining" is a family therapy technique where the therapist "joins" the family in order to create a good "working alliance" or a "holding context" for therapy process. In practice this means that the therapist individually joins or contacts every family member. Specific joining techniques are e.g. confirmation (therapist validates the reality of family members) and tracking (therapist is an active, neutral listener). However, it has been stated that joining a family is more an attitude than a technique. Joining is letting the family know that the therapist understands them and is working with and for them.

From Sternian view point, in joining process the therapist is sharing the states of family members' minds. While this is happening between mothers and infants Stern calls it as "the communing attunement" which is an important maternal behaviour modality in the domain of infant's intersubjective relatedness. In communing attunement the mother tries "to be with" the infant, "to share", "to participate in", "to join in". Most part of mothers' attunement behaviours are cross-modal, and only one third of the mothers were fully aware of their attunement behaviour. In this frame it is interesting to note that only a few family therapists have been able to describe accurately what exactly it is that they do in the joining process. Usually joining process is less explicitly described but it is characteristic to family therapy in general.

## FAMILY PSYCHOTHERAPY TECHNIQUES TO BE USED WITH CHILDREN

*J. Piha, F. Schmitt, E. Savonlahti, M. Pajulo, A. Sourander, Child Psychiatry Clinic, University of Turku, FIN-20520 Turku, Finland*

A common problem for therapists working with families with children seems to be how to integrate the two distinct worlds in the therapy room: 'the verbally abstract, reality world of adults' and the verbally concrete, fantasy world of children'. A prerequisite for the integration is a change in the attitude of the therapists. They must be convinced that children really are competent family members, and ready and capable to work in family sessions.

There are several technical manoeuvres to integrate children into the family therapeutic process. A permission from the parents to talk with the therapist in the session will facilitate the conversation. The language of the therapist must be enough simple and concrete. The use of word and object metaphors which are familiar for all family members is a very convenient method. Usually, the designed child patients are eager to act as guides, co-therapists or consultants in the session if this role will be offered them. These, and other similar technical manoeuvres will be demonstrated and discussed.

## 606 CONTINUING MEDICAL EDUCATION (CME)

Paul McCarthy, MD., Jorma Piha, Thomas von Salis, Harald Sontag, Peter Hill, Reinhard Schyldo, Fritz Poustka.  
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Introduction: The recommended protocol for CME that has been produced by a joint committee of the EUMS and ESCAP is now on the EUMS web page.

Members of the above Panel, all of whom had been party to the development of the protocol, will present their thoughts on issues central to CME, i.e.:

- (1) Why it is so critically politically important now for the profession itself to implement the recommended formal process of CME.
- (2) The value to members in the individual European States of having harmonization of CME, and of having its program accredited externally by professional colleagues.
- (3) The professional objective of CME.
- (4) The relative proportion of the proportion of the ingredients of "post graduate training programme" and "academic activities of specialist clinical associations".

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## CME IN CAPP (PSYCHIATRIC DISCIPLINES) THE DIFFERENCE

*T. von Salis  
UEMS/CAPP Section President*

There is an essential difference in conceptualizing and practising Continuing Medical Education in CAPP (Child and Adolescent Psychiatry/Psychotherapy) in comparison to other medical disciplines. The technical-mechanical nature of biological medicine allows at least some certainty of judgement about facts, knowledge, skills, good and bad practice. This is much less so in psychiatric disciplines. Experience in establishing training curricula and in evaluating them suggests that the person of the trainer is of utmost importance, much more so than in the other branches of medicine. The training consists in a considerable proportion in the partial identification of the trainee with the trainer. For this to succeed, the trainer has to apply techniques of personality training, which is to say, to teach (new) thinking/ feeling/ communicating/ bonding.

This paper addresses issues of individual and group techniques of teaching/ researching/ curing – a trias we could call "The Freudian Trias".

## CLINICAL GENETICS AND CHILD PSYCHIATRIC PRACTICE

Annick VogelsDept. Human Genetics  
University of Leuven  
BelgiumJean SteyaertDept. Child Psychiatry  
University of Maastricht  
The Netherlands

Increasingly, child psychiatrists are confronted with questions about the etiology of developmental disorders in children. One of the questions raised by either the clinician or by the parents and caretakers, is the issue whether genetic causes might underlie the psychiatric problem. This question encompasses a number of issues, ranging from the moderate hereditary influence in disorders like ADHD, to so-called dysmorphic syndromes associated with a behaviour phenotype that includes a psychiatric problem, like PDD in Velo-Cardio-Facial syndrome (Shprintzen syndrome).

In the workshop the authors will address several of these issues and look at the scientific evidence from a clinician's point of view. Topics of discussion will be: diagnosis of some not-so-rare dysmorphic syndromes encountered in child psychiatric practice, clinical relevance of the heritability of developmental disorders, co-consultation with clinical geneticists, and ethical guidelines in what to test and what not.

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## FREE COMMUNICATION SESSION

FC 15

## PERVASIVE DEVELOPMENTAL DISORDERS I

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## ART-THERAPY IN CHILDHOOD AND ADOLESCENCE

D. Janotová

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The children's drawings are recognized as a powerful diagnostic and therapeutic tool. The famous work of Donald Winnicott or Lauretta Bender is connected with theories and practice of using children's graphic in psychotherapeutic process. We have been practicing art-therapy for more than 20 years with children of different ages and diagnostics groups. We would like to share our experience showing examples from our work. The topic of a discussion are individual and group therapy, using of materials supporting creativity, suggestion of the main theme, as for example "The way of my life," characteristics of a person of the art-therapist. Experiential exercise is a part, of a work-shop.

## EARLY DETECTION OF AUTISTIC SYNDROMES

E. Moussaoui, I. Marin-Friley

Service de psychiatrie de l'enfant et de l'adolescent, Caen

In 1996 a specialized unit was created for early detection, evaluation and orientation of children presenting with severe developmental disorders, particularly autistic syndromes. Three main objectives guide our practice:

1. To identify as early as possible toddlers with autistic symptoms. Once a positive diagnosis has been made and differential diagnoses have been ruled out, we suggest in initial evaluation, so that therapeutic, educational and training intervention may be carried out, in a way best suited for each individual case. The children are dressed to the competent service nearest to their home.
2. To provide training and education for professionals working with young children. The aim is to exchange information on early signs of autism, before the age of 2, or even 1, to make early intervention and prescribe an appropriate treatment. The idea is to enable professionals to work together in the most appropriate way.
3. The third point focuses on research. Clinical as well as multicentric, international studies are essential to gain further knowledge on the clinical signs, adequate treatment, and prevalence of autistic syndromes. The authors present the unit, ethical considerations and draw a conclusion of the two years of functioning, based on an open, electric, dynamic approach.

# RELATIONSHIP BETWEEN EARLY AGE OF ONSET AUTISM SPECTRUM DISORDERS (ASD) AND SEVERITY OF AUTISM IN A POPULATION OF 193 ASD CHILDREN UNDER 7 YEARS OLD

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There is a growing interest during recent years on outcome in autism spectrum disorders (ASD). In main studies, IQ and language seem to have important implications regarding outcome. There is more controversy on other factors such age of onset ASD. Some find that early age of onset ASD is related to severity (Lotter, Rutter) others find more severity among autistic persons at later age of onset ASD (Gillberg).

The present study is in keeping with a collaborative and prospective study on ASD children evolution factors.

193 children under 7 years old are followed for 3 years. They were included in the sample between December 1997 and December 1998. They all have a diagnosis of Pervasive Developmental Disorders according to ICD-10. They all participated in a comprehensive study (social, medical, language, and psychological assessment). Information about interventions, treatment and school were collected from professionals.

The present paper focuses on the relationship between age of onset ASD and severity of autism measured by CARS of Schoppler, Behavior adaptative Quotient (measured by scores of the Vineland adaptative behavior scale), language impairment and disabilities and disadvantages scale.

## 613 Autism and social understanding in everyday life vs ToM tests

PLUMET, M.H.

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& Service de Pédiopsychiatrie, Hôpital Robert Debré, Paris.

**Objective:** The aim of this study is to compare how autistic children understand the existence of a variety of mental states in people, in 2 different communicative contexts: natural versus experimental.

**Method:** The study included 10 autistic children (CA: 6 to 12; Verbal MA: 3;6 to 6), and 10 normal children matched on verbal MA. Each child was filmed at home on three different days in various types of interactions within the family. Parental reports on two weeks of observation were also collected. From these systematic observations, we identified communicative episodes involving some understanding of mental states: teasing, comforting, joint attention, deception, pretending... The quality of the child's understanding was judged by two independent raters. In addition, the same subjects were tested with experimental tasks of psychological understanding (emotion and 'theory of mind' communicative tests).

**Results:** Divergences in level and quality of performances emerged between the two different contexts, with various degree and direction, as a function of: a) group (autistic / normal); b) type of mental states (perceptions, emotions, cognitions). **Discussion:** These findings are confronted to 'theory of mind' and 'executive function' hypotheses of autism. Clinically, they confirm that some kind of social understanding does develop in autistic children, and point to the characteristics of interpersonal 'scaffolding' that should be reinforced in communicative situations in order to compensate their dysfunction.

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# CONTEXT-DEPENDENCE IN NARRATIVE PERFORMANCE IN 15 AUTISTIC CHILDREN

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**Objective:** In the autistic subject a specific impairment in the mental process causes an impairment in the events recalling and in the information integration in a narrative structure. In our research we want to evaluate how an autistic child represents knowledge in his memory through the analysis of his narrative competencies.

**Method:** Two types of stories have been presented to 15 autistic children aged 4-5 years; one story presented repeated, usual events, with a goal (descriptive and action sequence story), in the other one the protagonist reacted to positive or negative events without any goals (reactive story). The autistic subjects have been asked to tell the stories and the authors have used several sessions (8 for each child) to avoid the possibility of mistaking an eventual opposition for a memory impairment.

**Results:** The results show that autistic children perform significantly worse in the descriptive and action story. Besides the narrative structure doesn't correlate at all with the memory performance.

**Discussion:** The recalling of the autistic child is more related to the different type of story than to the age of the child. Some practical and theoretical implications for treatment of the findings are discussed.

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## EXTENDED FAMILY AND THE AUTISTIC CHILD

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Vytauto 15, 2004 Vilnius, Lithuania*

**Objective:** The purpose of the study was to assess the functioning of extended families with autistic children looking for the potential resources in clinical work and comparing the data cross culturally.

**Methods:** Parents and grandparents of 45 autistic children answered The Family Perception Questionnaire developed by Sandra L. Harris. Family situation, the impact of developmentally disabled child upon family members, differences between generations viewing the child, self as parent of handicapped child and relationships in the family were investigated. Paired tests were based upon the ratings of two people for the same child. The comparisons were done between various subgroups.

**Results:** Overviewing the data and comparing with american study we revealed similar basic traits of agreement and disagreement between the parents and grandparents with some interesting differences. Various aspects of the data will be discussed.

**Conclusions:** These families have strong family traditions and are rich in their inner resources that should be used. With the emphatic understanding of their child's difficulties grandparents are valuable resource. Involvement of parents in the child's therapy program providing them necessary help and attending to the discrepancies between the generations will help extended family to function in the most constructive and cooperative way.

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## FREE COMMUNICATION SESSION

FC 16

## PSYCHOTHERAPY II

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## ON THE EFFECTS OF PSYCHOTHERAPEUTIC INTERVENTION WITH PARENTS OF A PREMATURE VERY LOW BIRTH WEIGHT INFANT

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*\*\*Section of Neonatology and Pediatric Intensive Care, University Children's Hospital Ulm.*

**Objective:** In the ULM STUDY we started a preventive psychotherapeutic intervention program for parents with very small preterm infants (<1500g). The aim of the intervention program is to promote adequate coping strategies in the parents, support a positive parent-child relationship and be manifest in the cognitive and somatic development of the child.

**Method:** 88 parents and their preterm infants were recruited into the study, where after randomization 44 received a psychotherapeutic intervention and 44 did not. The psychotherapeutic intervention consisted of insight oriented individual psychotherapy, supportive group psychotherapy, a home visit and a sensitivity training by video feed back. The Intervention Component Rating Scale (ICRS) was used to measure the differential impact the intervention had as assessed by parents. In this self-rating scale parents rate their assessment of the positive and negative effects of the intervention.

**Results:** Both mothers and fathers assess individual psychotherapy and group psychotherapy as more helpful than sensitivity training and home visits. Fathers rate the intervention program as more helpful than mothers.

**Conclusion:** Individual and group centered psychotherapy should be offered as a standard psychological support for parents of prematures in the NICU.

## SICK FOR REAL, BUT NOT REAL SICK

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*A. Vancoppenolle, J. Marchand, A. Lampo, J. Vanderfaellie, Academic Hospital for Children, Brussels Free University, Belgium*

**Objective:** Based on our latest (August 1998-December 1998) experience (n=47) we present a prospective study, conceptualizing the period from August 1998 to August 1999, in order to explain a new concept.

**Methods:** As a concrete application of the body-mind theory, the pediatric service includes 6 child psychiatric beds, so teamwork can be carried out by daily psychosocial ward rounds together with the specialized pediatric team. In addition to the medical attention, there is a systemic-orientated approach, followed by an individual assessment of the child and his of her parents. Children with all sorts of psychosomatic complaints (encopresis, unexplained headaches or abdominal pain, conversion syndromes with severe impairment or psychological problems associated with chronic diseases) can have access to a daily program for psychodiagnostic observation, with school included.

**Results:** Considering the increased number of referrals, an amount of 43 %, comparing the period from 1994 (n = 89) to 1998 (n = 127), an earlier hypothesis seems to be confirmed.

**Conclusion:** Shortening of hospitalization, an increased cooperation from the family and a better prognosis reflects the positive outcome.

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## NEXT OF KIN GROUP AS A COMPLETION TO TRADITIONAL ADVICE OF PARENTS

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**Objective:** Inpatient Child and Adolescent Psychiatry and Psychotherapie requires contact and work with the family non-contingent upon underlying therapeutic concepts. Different ways to deal with parents and other members of the family are possible.

**Methods:** Some concepts of dealing with parents and the whole family are discussed. Traditional forms of advising parents are described including their deficits. Then the successive development of a new next of kin group at the department of child and adolescent psychiatry and psychotherapy in Tübingen and its meaning for the patients, the families and the treatment is described.

**Results:** Regularly advising parents is an important factor especially of inpatient treatment, but it is restricted by the therapeutic setting. A third of the inpatients parents were interested in a next of kin group. 15% attended regularly the group, especially mothers and sisters of adolescent inpatients with anorexia and bulimia. After some meetings a group cohesion, in each of the monthly meetings the communication pattern changed from therapist-orientated to group-centered. If group participation continued after discharge of the patient, it grew to an important factor of adaptation at home. Our experience so far leads us to new efforts, to reach more parents of inpatients and outpatients.

**Conclusions:** An additional next of kin group is helpful for treatment in child and adolescent psychiatry and psychotherapy. Parents and sisters can use it to improve dealing with patients and their problems. Guidance by therapists is helpful, but needs a change of their role while attending the group.

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**IMPROVING COMPLIANCE - A SYSTEMIC APPROACH**

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**Objective:** Compliance is a term that points out to what an extent attitude and behaviour of a patient is in accordance to the expectations of the physician. According to the constructivistic-systemic point of view, the presumption, perception and expectation of the patient of what the therapist awaits of him, is of great importance when considering circular processes.

**Method:** By means of a questionnaire using circular questions, children in a psychiatric hospital as well as their relatives were asked to describe their presumptions, perceptions and expectations of what the therapist may await of them. The therapists fulfilled a questionnaire of what they expect and observe of the patients and their relatives (standard compliance-conception), as well as using circular questions concerning conjectures, perceptions and expectations of what patients and their relatives expect of what the therapist awaits of them.

**Results:** The conformity of answers to circular questions and the standard compliance-variables is discussed considering its relevancy in the psychotherapeutic process.

**Conclusion:** Asking for expectations is a relevant part of constructing compliance.

**620****QUALITY MANAGEMENT: A CHALLENGE IN CHILD AND ADOLESCENT PSYCHIATRY**

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**Objective:** Knowing that quality management has to be installed in child and adolescent psychiatry, like in the whole medical care system, we try to point out which aspects of quality management are useful for child and adolescent psychiatry and how they can be realised.

**Methods:** The development of working concepts in the department of child and adolescent psychiatry of the University of Tübingen, their evaluation in terms of quality management concepts, following changes and future challenges are discussed.

**Results:** The use of widely accepted norms of quality management in child and adolescent psychiatry turned out to improve the therapeutic working process. Quality management in child and adolescent psychiatry has to have technocratic or structural aspects, but it also requires concepts which refer to the culture and philosophy of the therapeutic institution. Technocratic measure of outcome is important, but only of limited value if not completed by particular forms of evaluation, which take account of the specific conditions of child and adolescent psychiatry and psychotherapy.

**Conclusions:** Quality management is helpful to improve therapeutic work if it is not restricted to simplifying concepts of outcome-evaluation. It requires much effort of the staff to adjust quality management for the department of child and adolescent psychiatry and psychotherapy. The motivation for this work is already the first step in improving the quality.

**622****621****MEASURING OF THE GLOBAL PSYCHOSOCIAL CUSTOMIZATION IN THE CLINICAL PRACTICE**

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**Objective:** The measurement of the global customization of the patient is worthwhile in aspects of deciding the setting of the treatment (in- or out-patient or day care), to research if the social impairment is a variable of the disease, to test if the treatment is capable to decrease the social impairment. Clinical experience shows us, that the assessments of psychiatrists very often differ from the self-assessment of the patients and the assessment of the parents. This is an important source of misunderstandings of the psychiatrists offers.

**Methods:** We create a short assessment-scale based on axis VI of the MAS improve around this everyday difficulty. The scale can be used by the patients and the parents too. In a first step we test the acceptance and the understanding of the derived items.

In a second step we looked for the statistical values of the scale. **Results:** The used terms of the global psychosocial assessment is difficult to understand from an average user of a clinic. The operationalisation of the axis VI is too diffuse to make clear decisions for the customization of a patient, even by skilled psychiatrists too.

**Conclusions:** For the importance of the global assessments we need instruments of higher value and of better clinical practicability than we have now.

We developed a shortened form for the MAS improve around these everyday difficulties.

**FREE COMMUNICATION SESSION**

FC 17

**EPIDEMIOLOGY AND RISK FACTORS**

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**Behavioral Problems in children 2 to 6 years of age**

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**Objective.** Frequency, magnitude and the course of behavioral problems (Child Behavior Checklist, Achenbach) in 2 - 6 year old children (N=900) were studied in order to understand psychopathological phenomena.

**Method.** The following factors were examined: correlations with

- (1) age and sex
- (2) psychosocial factors
- (3) temperament
- (4) Age-appropriate abilities
- (5) family atmosphere and relationships
- (6) child-raising methods
- (7) parental expectations
- (8) childhood experiences of the parents.

**Results.** Factor analysis shows that the important basic dimensions of mental disturbance sensu Achenbach are also replicated in young children. Differential effects were shown between the child-raising methods of the parents and marked psychopathological behavior of the children. The more difficult the perception of the child's temperament and the higher the parent's expectations, the greater the influence.

**Conclusions.** Developmental pathways and mediating processes that lead to specific conspicuous types of behavior in young children can be identified and used for intervention.

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**DO HIGH THREAT LIFE EVENTS REALLY PROVOKE THE ONSET OF PSYCHIATRIC DISORDER IN CHILDREN?**

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**Aim of the study:** The study set out to examine whether onset of psychiatric disorder in children was more likely to occur shortly after a severe event, as compared with other times.

**Sample:** 99 consecutive, newly referred patients, aged 8-16 years, from a child psychiatry service.

**Measures:** PACE (Psychosocial Assessment of Childhood Experiences), an interview-based, investigator-led measure to assess the timing and impact of acute life events and long-term experiences, over the preceding 18 months. CAPA (Child and Adolescent Psychiatric Assessment), an interview-based diagnostic assessment, to establish the presence, timing and consequential impairment of a wide range of child and adolescent psychiatric symptoms over lifetime.

**Results:** A within-subject, over-time design was employed to examine, by the use of logistic regression techniques, the question of whether onset of psychiatric disorder was more likely to occur in the time period (9 weeks) immediately following a high threat life event, compared with other times. The most consistent finding was a statistically significant association between child reported events and child reported onset; their associations with parent reported onset were inconsistent. Parent reported events, on the other hand, failed to relate to onset by either source.

**Conclusion:** The study offers only modest and inconsistent support for the notion that negative life event provoke onset of psychiatric disorder in children.

**PREVALENCE OF MENTAL DISORDERS AND PSYCHOSOCIAL IMPAIRMENTS IN ADOLESCENTS AND YOUNG ADULTS**

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**Objective:** To study prevalence, co-occurrence and psychosocial impairments of DSM-IV disorders in a representative sample of adolescents and young adults.

**Methods:** Findings are based on the baseline investigation of the Early Developmental Stages of Psychopathology Study (EDSP), a prospective longitudinal community study of 3021 subjects, aged 14-24. Diagnoses are based on the DSM-IV algorithms of the Munich version of the Composite International Diagnostic Interview (M-CIDI).

**Results:** (1) Substance use disorders were most frequent (lifetime: 17.7%). (2) Other mental disorders had a lifetime prevalence of 27.5% with depressive disorders (16.8%) being more frequent than anxiety disorders (14.4%). (3) Eating disorders (3.0%) and threshold somatoform disorders (1.2%) were rare disorders. (4) Subthreshold anxiety and somatoform disorders however occurred more frequently. (5) Co-morbidity between disorders was substantial. (6) Mental disorders in adolescence are associated with disorder-specific problems in social role functioning.

**Conclusion:** Mental disorders in young adults are frequent and impairing. They constitute a considerable risk potential for an accumulation of complicating factors and future chronicity.



# EARLY CHILD AND ADOLESCENT DSM-IV MENTAL DISORDERS IN 14-17 YEAR OLDS: FINDINGS FROM THE EDSP

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**Objective:** To study prevalence, incidence, age of onset and co-occurrence of DSM-IV childhood and mental disorders in 14-17 year old adolescents.

**Methods:** Data were collected as part of the (a) the baseline, (b) the first follow-up and (c) the *separate parent investigation* of the EDSP. Diagnostic assessments were based on the M-CIDI. In the parent survey, interviews were conducted using the M-CIDI family history version which provides detailed information about the offsprings' early psychological and somatic conditions in infancy and early childhood.

**Results:** (1) At baseline, more than one third of the 14-17 year olds had at least one diagnosis in their lifetime. (2) At follow-up, a considerable number of new cases were observed. (3) The overall cumulative incidence at follow-up was more than 50%, indicating that at least every second individual had fulfilled diagnostic criteria for at least one disorder once in their lifetime. (4) Attention-deficit hyperactivity disorder (lifetime: 4.2%) was found to be the most prevalent early childhood disorder. (5) Most anxiety disorders already occur in childhood and early adolescence. (6) Depressive disorders are predominantly late adolescent and adulthood disorders.

**Conclusion:** Early adolescence seems to be a highly important period in the development of mental disorders.

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## FREE COMMUNICATION SESSION

FC 18

## PERVASIVE DEVELOPMENTAL DISORDERS II

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## INCLUSIVE EDUCATION OF AUTISTIC CHILDREN IN SCHOOL

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In the 1996/97 school year, an initiative of the parents' group "Österr. Autistenhilfe" led to the launching of a project in Vienna. This project aims at the integration of one autistic child per integrative class. In the 1996/97 school year, 5 autistic children (4 boys, 1 girl) began to attend integrative classes at 5 public elementary schools. In the 1997/98 school year, these children continued the programme by attending the next form at the same schools with unchanged class structure, while 6 younger children (4 boys, 2 girls) were newly admitted to the project under the same organisational conditions. 6 children more were admitted in autumn 1998. Therefore we are watching now altogether 17 pupils. The individual development of the autistic children was evaluated semi-quantitatively by means of 3 evaluation instruments: AUTISM DIAGNOSTIC OBSERVATION SCHEDULE (ADOS), WISC-R, COMPETENCE TABLES (according to FEUSER/MEYER). It is possible to report the following results:

1. Incl. education of autistic children in schools is possible
2. The school model "integrative classes in Vienna" is also suitable for integration of autistic children
3. Autistic children above all in longer period perform positive development: reduction of autistic syndromes, improvement of cognitive performance, improvement of social and communicative competencies.

**NEW CHALLENGES, NEW SOLUTIONS CONCERNING THE BABY AT RISK OF AUTISM***P. Delion**Centre Hospitalier Cesame - 49137 Ste Gemmes S/Loire*

Autism is usually diagnosed around the age of 3. Already then, the signs are obvious and the sickness is pretty well « structured », which is something the treatment has to deal with.

The late progress in research about parent-child interactions and about autism have brought out the early signs of risk of autism ; such signs can be noticed during the first year in some cases, and more often along the second year, which allows us to set up an early and intensive treatment.

In this workshop, our purpose will be to point out :

- what are the early signs of an infant at risk of autism ?

- what can be offered to such babies as an early and adequate treatment, preventive or therapeutic ?

These two directions are complementary, since the first one helps to elaborate the second one, and the latest allows to think over the relevance of early signs and the « quality » of the therapeutic treatment.

abstract en français

Le diagnostic d'autisme est fait en général vers trois ans ; à cet âge, l'enfant a installé sa pathologie d'une façon manifeste, et le traitement qui lui sera proposé devra prendre en compte une maladie qui est déjà très « organisée ».

Les progrès récents dans l'étude des interactions parents-bébé et les recherches en matière d'autisme ont permis de mettre en évidence des signes précoces de risque autistique ; dès la première année, dans certains cas, et très souvent au cours de la deuxième année, de tels signes sont repérables et permettent de mettre en place un traitement précoce et intensif.

Cet atelier s'attachera à faire le point dans deux directions complémentaires :

- quels sont les signes précoces en faveur d'un bébé à risque autistique ?

- quelles dispositifs de prévention et de soins sont-ils proposés pour instaurer un traitement adéquat et le plus précoce possible pour de tels bébés ?

En effet, le premier point amène à modifier l'organisation du second, tandis que le second permet d'évaluer la pertinence des signes précoces et la qualité du suivi.

**LUDWIG WITTGENSTEIN (L. W.) HAD ASPERGER'S SYNDROME (AS) - POINTERS TO FUTURE RESEARCH IN AS**

Professor Michael Fitzgerald, MD.

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**Objective:** To establish if L. W. had AS from the published record.

**Method:** A study was conducted of L. W.'s personal writings and the two major biographical studies of L. W. by Ray Monk and Brian McGuinness.

**Results:** L. W. as a loner, had major problems in reciprocal social interaction, and a lack of desire to interact with peers. He was preoccupied with philosophy and imposed severe routines on himself and others, had delayed speech, and abnormality of non-verbal communication.

**Conclusion:** The future neuropsychological study of similar persons will expand our understanding of AS.

**628 ALIMENTARY DISORDERS IN SUBJECTS WITH AUTISM***P. Giovanardi Rossi, A. Parmeggiani, A. Posar, M.C. Scaduto, S. Chiodo, M. Santucci**Department of Child Neurology and Psychiatry, Neurological Institute, University of Bologna, ITALY*

**Objective:** Alimentary Disorders (Alim-D) have been reported in literature in sporadic patients with autistic disorder (AD). Authors carried out an investigation to classify ALIM-D and to study the etiology.

**Methods:** The study included 128 subjects with an average age of 10 yrs 9 mths, excluding patients with Alim-D appeared in relation to treatment; 128 controls with chronic headache were also included.

**Results:** Alim-D in patients with AD were significantly higher than in controls ( $p < 0.01$ ); 39.6% of cases showed an excessive or a poor food ingestion, but only 10.9% presented auxological problems; 60.4% of patients showed an abnormal feeding behaviour but adequate nutrition; 52.5% of cases showed a stereotyped/compulsive Alim-D; the 101 patients with ALIM-D presented wider movement disorders: stereotypies of hands and faces and rituals. The stereotyped/compulsive feeding behaviours could be a stereotyped movement reproducing an eating behaviour.

**Conclusions:** A dysfunction of neurotransmitters and neuropeptides has been detected in subjects with AD.

Because repetitive behaviour such as feeding and movement disorders are very frequent in our series, it is possible that the same neurotransmitters and neuropeptides are involved in appetite disorders, feeding stereotypies and other movement disorders, lending support to the hypothesis of an early dysfunction of the limbic system [1].

**References:** 1) Damasio A.R. and Maurer R.G. A Neurological Model for Childhood Autism. Arch Neurol 35: 777-786, 1978

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**THE ONSET OF AUTISM THROUGH HOME MOVIES.***Muratori F, Maestro S, Casella C, Milone A, Pfanner P.**IRCCS Stella Maris - INPE University of Pisa - Italy*

**Objective:** Starting from a better description of the first three years of life of autism (A) new criteria can be developed for an early diagnosis and treatment. The presence of a clinical picture before the third year of life still remains one of the main diagnostic criteria but the way of onset and the first signs of A are still not well documented, in fact they are usually taken from anamnestic reconstructions. The target of this paper is to document in a more detailed manner the ways of onset of A. **Method:** 26 home movies of children with A are analysed. The methodology used in the observation of home movies includes: 1) application of the ERC-A-III; 2) analysis of coming on and coming off of social, emotional and cognitive competences. **Results:** 1) By the ERC-A-III no item gave a significant result before 12 months. Difficulty in communicating and vocal or verbal stereotyped are the only ones found to be significant ( $p < 0.05$ ) during the period from 12 to 18 months. 2) The study of the presence of good competences has allowed us to find three main forms of onset and course of A during the first three years of life: progressive, regressive and fluctuating. **Discussion:** The insignificance of almost all items of the ERC-A-III suggests that it might be risky in an early age to use scales for symptoms which are typical of the older child: the mere absence of clearly pathological behaviour is not a sign of health. However we point out two significant signs at 12 months: difficulties in communicating and vocal or verbal stereotyped. The three early clinical forms could modify nosography of A in next years. The Progressive Type poses the question of the relationship between A and 'depression of affects' in the baby. The Regressive Type poses the question if there is a loss of acquisitions or if there is a lack of integration between emerging capabilities of the child. The Fluctuating Type poses problems concerning pathogenetic mechanisms.

## SEVERE COMMUNICATION AND LANGUAGE DISORDERS IN FRANCE AND POLAND: COMPARATIVE PREVALENCE AT THE END OF THE THIRD MILLENIUM 632

*E. Moussaoui, I. Marin-Friley, D. Houzel, F. Casadbaig*

**Objective:** The main issue is to detect serious communication and language disorders, and secondly the autistic syndrome in a wide population of children of five years. The cohort of children who will be identified as presenting the autistic syndrome will be followed-up and reevaluated on five years later. In 2002-2003 an another French and Polish population of children of five years will be examined according to the same methodology. Polish physicians have noticed an increase of autistic syndromes in their country during the last years. Actually there is a lack of survey in non-specialized population although autistic children are more often send in normal school. The authors will study an eventual spread in the prevalence of autism in each of two countries.

**Methodology:** Nine French department five Polish voivodies are make up the population. The investigators will have to fill out an 8 items questionnaire in general (school doctors) and institution (referring doctors) population. The number of children concerned is around 200 000. First filter is the questionnaire that will retained a group of children presenting severe communication and language disorders. Second filter is a semi guided interview using ICD 10 research criteria. This special examination will be video recorded. The children with severe disorders will be prescribed and appropriate treatment.

## FREE COMMUNICATION SESSION

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*EFCAP*

## ETHICS, LEGAL AND FORENSIC ASPECTS

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## ANTISOCIAL BEHAVIOUR AND ASSOCIATED PROBLEMS IN CHILDREN

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**Objectives:** This study aimed (1) to identify children with severe antisocial behaviour in Portuguese schools, (2) follow them during 4/5 years, (3) examine the concurrent relationship to other externalizing and internalizing problems, and (4) identify the best predictors of maladjusted behaviours at the outcome.

**Method:** The study was conducted in Coimbra (Portugal) and combined epidemiological and longitudinal methodologies. In time 1, data on antisocial behaviour and associated problems were collected from a randomly sample (n=1586) of pupils from 2nd, 4th and 6th grades. Several instruments and informants were used (e.g. self-report delinquency, CBCL, TRF, Conners-28). In time 2 (ie., 4/5 years later), children initially in second grade (n=431) were assessed again in a wide range of measures, including those from time 1 and several new ones for academic achievement and emotional problems.

**Results:** The analysis of the cross-sectional and longitudinal data showed that:

- (1) Pervasive antisocial behaviours are frequent in primary schools, present high stability and co-occur with several other problems.
- (2) The outcome of antisocial behaviour is poor. This is particularly true of children with both hyperkinetic and conduct disorder or with conduct disorder and emotional problems.
- (3) The best predictors of pervasive antisocial behaviour in time 2 vary according to the measures and informants used to assess that behaviour.
- (4) Pupils with these problems seldom benefit of specialized help.

**Conclusions:** These findings highlight the need of early intervention for children with pervasive antisocial behaviour and provide some guidelines for such programs.

**EXPERT OPINIONS WITHIN THE JURISDICTION OF GUARDIANSHIP COURTS****M. Karle, M. Clauß**Department of Child and Adolescent Psychiatry and Psychotherapy,  
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**Objective:** After the legal reform of the custodial law (Kindschaftsrecht) in Germany custody and committal cases are now under the jurisdiction of family courts. Thus changes in legal grounds have taken place. On the basis of the existing proceedings implications for the expert opinions are discussed.

**Methods:** Between 1991 and 1996 in a retrospective analysis 781 expert recommendations were evaluated. 109 (14%) were concerned with guardianship matters. Assessment plans were applied that had been designed for this purpose. In addition there were extensive clinical questionnaires used.

**Results:** Corresponding to the statute-book (§1631b BGB; §1632 BGB; §§1666/1666a BGB; §1711 (2) BGB) typical and repeated problems are described and discussed. Special emphasize is put on the difference between psychiatric evaluation/expert opinion and the evaluation by the Youth Welfare Office.

**Conclusions:** An intensive cooperation between Child and Adolescent Psychiatry and Youth Welfare Office is necessary, but not yet sufficiently realized. An interdisciplinary exchange of information and findings is needed at an early stage of an expert evaluation. This would be a chance to make sure, that decisions are being made in the best interest of the child and prevent false conclusions and measures.

**634 THE MENTAL HEALTH OF YOUNG PEOPLE IN PRISON IN THE UK 636****P.A. Misch, T. Murray**Institute of Psychiatry London/ HM Young Offender Institution,  
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The United Kingdom has one of the largest prison populations in Europe. Twelve thousand young people aged 15-20 years of age are placed in HM YOI Feltham, the prison which serves the London area, each year. This young prison population have very high levels of psychiatric morbidity (50%). The psychiatric characteristics of the population will be described from clinical and research data. Special attention, will be given to early onset schizophrenia, dual diagnosis of psychosis and substance misuse and the early development of anti-social and borderline personality disorders in young males.

The specialist role of Adolescent Forensic Psychiatry in the prison setting will be illustrated by the presentation of clinical examples from both a medical and nursing perspective.

A proposal for a comparative European prison research study will be presented.

**The legal probation of delinquent children: results of a long-term follow-up study 635****Walter, R., Remschmidt, H.**Department of Child and Adolescent Psychiatry  
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**Objective:** The study aims at differences in legal outcomes of delinquent children and its prediction.

**Method:** N = 263 male individuals, drawn from samples with different amounts of recorded offenses during childhood, were individually assessed as young adults (mean age: 22 years). The sample included two control groups: individuals with late onset of official delinquency (after childhood) and individuals without any records upto assessment. We collected data about life-history, unrecorded delinquency during childhood and psychological variables. 20 years later, information from the central criminal-register and educational records could be obtained on all assessed subjects.

**Results:** It was able to define three different subsamples according to legal probation after time of assessment: unconvicted, convicted and persisting individuals. The groups showed several marked differences between assessment variables, which indicated that persisters differed most from unconvicted individuals. The assessment variables were also used to develop a prognosis-model by logistic regression. Legal outcome is best predicted by psychosocial risk-factors and with a lower weight by personality variables.

**Conclusion:** Psychosocial risk-factors should be studied more intensive in further investigations.

**FREE COMMUNICATION SESSION**

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**TEACHING AND TRAINING ISSUES**

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**HOW DO WE TEACH CHILD PSYCHIATRY?**

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**Objective:** Our aim was to assess the teaching of child psychiatry at the Medical Universities of Europe.

**Methods:** A questionnaire was sent to all Universities of Eastern and Western Europe inquiring about the education of child and adolescent psychiatry.

**Results:** The answer rate was 48%. We compared data from the two parts of Europe. We assessed actual teaching time, qualification of teachers, lecture vs practical-time, textbooks used, exams at the end of the courses, etc.

Based on the collected information it seems that child and adolescent psychiatry as independent subject is still in a harsh position. Although it is taught in most Universities answering the questionnaire the education is lecture-based, there are few opportunities for students to meet patients and families, to have hand-on experiences. There are no common guide lines on what to teach and how to teach. A joint European child psychiatry textbook would be welcomed by most.

**Conclusion:** Collaboration would be needed on a European level to improve and standardize the teaching of child and adolescent psychiatry.

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**THE IMPORTANCE OF THE STUDY OF BABIES IN MEDICAL GRADUATION AND THE PREPARATION OF PEDIATRICIANS TO BE MENTAL HEALTH AGENTS**

S. Celia

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The author describes his experiences with medical students since 1996, when in their first days at the faculty they study and take care of babies and their families during the first year of formation and keeping taking care them during the years of Medical School. Some results and some observations are related and commented. A second research study with Pediatricians in 2nd years of Post-Graduation Course of mental Health is related and analyzed. Both experiences have given signal of efficiency showing the importance of these studies.

**"IMPROVING MEDICAL STUDENTS' INTERACTIVE COMPETENCES" - EVALUATION OF A NEW CURRICULUM IN CHILD AND ADOLESCENT PSYCHOSOMATICS**

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**Objective/Method:** We report on a two years' experience concerning a new practical-training curriculum in child and adolescent psychosomatics. The project was made possible by a grant of the faculty of medicine's foundation „Stiftung Lehre“. The curriculum „Improving medical students' interactive competences“ is based on the method of „Psychotherapeutic Plananalysis“ by Caspar (1989) in combination with elements of systemic supervision and problem-based learning. Interactive skills, knowledge and self-awareness were imparted to the students.

**Results/discussion:** For evaluation participants (fifth year medical students, 7-8 per course, n=60) were asked to fill in a questionnaire adapted to the contents of the course. Comparison was made possible by teaching a control group (n=72) in a traditional manner („treatment as usual“). According to evaluation participants improved significantly their basic interactive competences. Students expanded their understanding of young patients' motivations and considered themselves to be more sensitive in regard to emotional conflicts. They were more capable to reflect their own actions and to work in teams. Anxiety and inhibitions expressed initially were reduced significantly during the course. In 3 and 12 months follow-ups students still considered their personal achievement to be significantly high.

**POSTER SYMPOSIUM****PS 24****FAMILY INFLUENCES****640 - 648****PARENT'S PSYCHOSIS AND THE CHILD****641**

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**Objective:** A parent's mental illness is the greatest single risk for a child's mental development. When adults are in psychiatric treatment their children are often forgotten. By focusing on the children of psychotic parents and parenthood in these families this study increases the understanding of children's position and problems.

**Methods:** The study sample includes 15 families with a psychotic parent and 15 normal control families, both having one or more 5-18 year old children. The two researchers interview the family and the child in home visits and interviews are videotaped.

Study methods include:

- 1.) for the child CBCL (Child Behaviour Checklist), YSR (Youth Self Report) Achenbach, SCIC (Semistructured Clinical Interview for Children) McConaughy & Achenbach, network map
- 2.) for the parent PSI (Parent Stress Index) Abidin, SCAN, PANNS, Hamilton, network map
- 3.) for the family three-dimensional circumplex model (family interaction) of Olson, psychoeducative intervention of Bearsdslee

**Results:** So far 4 families (6 children, 7 parents) with a psychotic parent have been studied. All parents according to CBCLs thought their children had almost no problems, the children themselves reported more problems (YSR). According to SCIC all children had noticed many confusing things about their parent's illness, although 3 out of 7 parents believed that the children knew nothing about the parent's difficulties. 2 out of 6 children knew that their parent was ill after their mother had told them. None of the families had told the child's teacher about the parent's illness.

**Conclusions:** It was difficult to find families willing to participate in this study in the field of adult psychiatry. It seems that parents and also professionals in adult psychiatry field almost psychotically deny that the children exist. Many adults have told the researchers that the best way to protect the children is to be silent about parent's illness and other difficult issues.

**640****CHILDREN AND MOTHERS' DEPRESSION**

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**The objective** of this prospective follow-up study is to estimate the impact of a mother's postnatal or present depression on her four to five year-old child's mental health and development and on the mother-child relationship.

**Methods:** Mothers' depression is evaluated by the Edinburgh Postnatal Depression Scale (EPDS) and the Present State Examination interview (PSE). Children's psychological functioning is studied using the Child Behavior Checklist (CBCL). The quality of the mother-child relationship is evaluated by a new child centered method, the Story Stem Test based on the child's narratives and play.

**Results:** Screening with EPDS found depression postnatally in 12% (34/279) and at follow-up in 7% (11/158) of the mothers. According to the CBCL symptoms of clinical range were found in 10% (16/157) of the children and of borderline range in another 10% of them.

Mother's depression at any moment during the follow-up period (postnatal or present) showed a highly significant correlation with the increase of difficulties in children's psychosocial functioning, especially with increasing social and aggression problems, withdrawal and somatic complaints.

**Conclusions:** It is important to obtain more detailed research evidence on how and why mothers depression impairs the healthy development of their children.

**642****CHILDREN OF MENTALLY ILL PARENTS**

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**Objective:** Parental mental illness overloads the whole family and is a risk factor for children's mental health. In this study we focus to find those risk children by increasing multiprofessional teamwork between adult and child psychiatric units.

**Methods:** As object of this study are 30 adult psychiatric patients, their families and children under 15 years. The psychic status of the children will be estimated by using checklists and report forms (CBCL, YSR, TRF) of Achenbach / Almqvist as well as an interview form (H. Leijala, P. Lamberg) that will be filled in during the family-interview and home visit. The situation in the family will be estimated in connection of family interviews by using the Olson's circumplex model as well as the forms (K. Rauhala, A. Soini) filled in during the home visits.

**Results:** At this stage of the study 24 families of 30 have been appraised, including children total 42, among them 23 (55%) boys and 19 (44%) girls. The children are 6.9 years old in average. According to preliminary results 29 (69%) of these appraised children were directed to continuative support, follow-up study or therapy: 2 of them to child psychiatric unit, 8 to family advisers, 8 to child welfare organisation and 15 to other supporting units. The children under school age showed clearly greater symptoms. 19 of the 24 families (79%) caused concern among the workers. Final results will be ready during spring 1999 and will be presented in the poster.

**Conclusions:** The model of this study carried was successful and we found risk children who had been passed unnoticed before. The co-operation and education among the workers in child and adult psychiatry as well as other treatment units should be increased, the evaluating methods being found functional should be developed further in order to find those children and families who need support, treatment or follow-up study as early as possible. The research project has awakened an interest to solve these problems and increased activity to team work and co-operation in the different units of the Hospital District.

# **PATTERNS OF FAMILY RELATIONSHIP: A Multi-situational Approach**

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**Objective:** The development and measurement of scales which permit reliable and valid assessment of family relationship have been faced with methodological and practical difficulties. The study was aimed to identify situational specificity and investigate the generalisability across situations regarding certain interaction patterns as well as the interactional process over time.

**Method:** Families of 30 children with internalizing (ID), and 30 children with externalizing disorders (ED) (age: 4-14 years) were included in the study and compared to a matched, healthy control group. Videotaped family interactions which involved the family as a group around two assigned tasks of 10 minutes length were rated independently by pairs of trained and blinded raters. Family play and discussion was assessed with the *Munich observational rating scales for parent-child-interaction*. Beside a global rating, scoring was done in 3-minute intervals from parent-child-interactions in the laboratory.

**Results:** Situational and timerelated characteristics in family patterns of families of children with ID or ED and healthy children will be discussed. First results in single case analysis show differences between free play situation and family discussion task. Features of individual psychopathology, unfavorable parenting features and relationship disturbances are more obvious in the family discussion. Over time there is a tendency to escalation of conflicts in families with a child with ED.

**Conclusion:** During the play observations individual and family resources can be identified. The assessment of the family discussion gives more disorder relevant informations.

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# **FAMILY FEATURES IN HYPERKINETIC AND EMOTIONAL DISORDERS**

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**Objective:** Structural and emotional features have great impact on upbringing modalities. The aim of the present study was to demonstrate both relations between family environment and upbringing modalities and differences between families of boys with Hyperkinetic and Emotional Disorders.

**Methods:** Families of 20 boys, diagnosed as having Hyperkinetic Disorders (HD) as well as of 20 boys with Emotional Disorder (ED) (age:6-12y), referred either as in- or outpatients, were included in the study and compared with a matched healthy control group. Each parent was asked to complete a form assessing parenting features and a german version of the FES (Family Environment Scale). In addition correlations between structural and emotional features were established.

**Results:** Compared to families of boys with ED, those of boys with HD showed significantly higher scores in the FES subscales cohesion ( $p<0.0001$ ), expressiveness ( $p<0.0001$ ), conflict ( $p<0.0001$ ) and a lower score in the scale organization ( $p<0.0001$ ). As for upbringing modalities the subscales „Giving loving attention“, „Anger and disregard“ and „Physical punishment“ demonstrated marked differences ( $p<0.0001$ ) between the groups. Noteworthy correlations were found between the scales mentioned above.

**Conclusions:** Our results strongly suggest that both emotional and structural aspects of family life have to be taken into consideration in future studies of therapy evaluation.

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# **INTERACTIONAL PROCESSES IN FAMILIES OF CHILDREN WITH INTERNALIZING AND EXTERNALIZING DISORDERS**

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**Objective:** Family structural properties, interpersonal patterns of interaction and individual functioning influence each other and interact with the psychopathology of the child in ways that either buffer or activate internalizing (ID) and externalizing disorders (ED). Following a multilevel, systemic biopsychosocial orientation, the observational study was aimed to compare,

- individual features of children and parents,
- aspects of parental relationship, and
- aspects of family functioning and interactional style.

**Method:** Families of 30 children with ID, and 30 children with ED (age: 4-14 years) were included in the study and compared to a matched, healthy control group. Family interactions which involved the family as a group planning something together were videotaped and rated independently by pairs of trained and blinded raters. Family discussion was assessed with the *Munich observational rating scales for parent-child-interaction* (individual level) and the *Beavers Interactional Scales* (family level).

**Results:** Characteristics in family patterns of families of children with ID or ED and healthy children will be discussed. First results in single case analysis and other studies show for example a tendency to more binding (centripetal) patterns in families with ID and more expelling (centrifugal) patterns in families with ED. Clinical families have lower level in family competences than families in the control group.

**Conclusion:** Observational methods are a useful tool in clinical family assessment and have to be considered in treatment.

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# **EXCESSIVELY CRYING INFANT IN THE FAMILY**

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**Objective.** To evaluate the quantity and quality of interaction in families with a colicky infant; whether family interaction is less positive and less functional in families where an infant has severe colic crying compared to families where infant cries less.

**Methods.** Thirty two families with colicky and 30 families with non-colicky infant were recruited from the postnatal ward. Families kept a cry diary to assess the amount of crying. The colic group was divided into two subgroups according to the amount of colicky crying: the group of severe colic and the group of moderate colic. The Early Relational Assessment Scale and the Beavers Interactional Scale were used to assess family interaction.

**Results.** Both mothers and fathers with severely colicky infant had interactional problems with their infant. Furthermore, their infant was less energetic and had less visual contacts with their parents compared to the control infants. Marital interaction was more dysfunctional than in the control families.

**Conclusion.** Families with a severely colicky infant had interactional problems. These families deserve special attention and encouragement to develop more positive parent-child and parent-parent interaction.

**CHILDREN IN FAMILIES WHERE PARENTS HAVE PSYCHIATRIC PROBLEMS 647**

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**Objective:** Children in families with adult psychiatric problems are at risk.

The purpose of this research was to find out if there are problems in detecting the children's need of help when parents have psychiatric problems. We also wanted to see if the parents have psychiatric problems when the child or youth is in psychiatric treatment.

**Methods:** For this purpose we gathered data from the professionals in the child and adolescent psychiatric outpatient and inpatient clinics, the adult psychiatric outpatient clinic, the open and closed units of the adult psychiatric hospital and from the child guidance clinic of the city of Pori.

**Results:** Network of different authorities was sparse. 22% of the parents of children in the care of the child guidance clinic had psychiatric problems as had 69% of the parents whose children were in childpsychiatric inpatient treatment.

**Conclusion:** The team dealing with psychiatric problems of children, adolescents and adults should include professionals from all these areas. Everybody should be able to contact other instances easily when needed. One of the greatest risk factors for the normal development of a child seems to be the alcohol and drug problems of the parents. These families need professional help.

**POSTER SYMPOSIUM****PS 25****FAMILY AND ENVIRONMENTAL CONDITIONS****649 - 657****648****649****CHILD-REARING AND PARENTAL NORMS IN TWO ETHNIC GROUPS.**

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**Objective:** In a comparative study of parental child-rearing practices and norms, the main purpose was to test a hypothesis on differences in parenting between indigenous Sami and majority Norwegian population.

**Methods:** The study was designed as a cohort study of parents with children aged 4 in the Sami area in northern Norway. Parents were invited to participate when they came for their child's obligatory 4-year health control. Participation rate was 70%. The cohort comprised a total of 321 parents. Of these, 72 mothers and 54 fathers were classified as Sami, and 71 mothers and 42 fathers as Norwegian. Parents' practices and norms were derived from a semi-structured interview, consisting of 225 items covering central domains of child-rearing.

**Results:** The study showed significant differences between Sami and Norwegian parental practices and attitudes in domains like independence, freedom/control, disciplinary methods, child aggression and sexuality.

**Conclusions:** Child-rearing differed between the two ethnic groups in several domains. Cultural aspects of child-rearing might be relevant for both assessment and psychiatric treatment of children and adolescents, and these implications will be discussed.

**THE NOT MUCH LIKED BY THE PARENT CHILD**

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**Objective:** Assessment of the approximate frequency and eventually the psychopathological characteristics of not much liked by parents (usually the mother) own children in early school age.

**Method:** A group of 43 children has been formed on the basis of the implicit projective meaning of the positive answer to the item "Not much liked by other children" of the questionnaire for parents of M. Rutter with a negative answer to this item of the questionnaire for teachers of the same author. The features of the "not much liked" children have been compared with those of the "liked" (1956) children.

**Results:** With this method the frequency of not much liked by the parent children is 2.05%. The problem is delineated mainly as emotional, probably with a circular-causal genesis.

**Conclusions:** The attainment of objective answer to the question whether the parent really likes her/his child is a necessary component of the evaluation of the child and the child - parent relation.



**RUNAWAY AND HOMELESS ADOLESCENTS***F. Schulte, J. Gensecke**Clinic of Child and Adolescent Psychiatry, Psychosomatic and Psychotherapy, Humboldt University, Charité, CVK, Platanenallee 23, D-14050 Berlin*

**Objective:** The purpose of this pilot study was to examine the applicability and practicability of a standardized diagnostic instrument to assess mental illness and substance abuse among runaway and homeless adolescents as a preparatory work for a main study about the prevalence of mental illness and substance abuse in these adolescents. A sample of 10 adolescents between 14 and 18 years old and street based for a minimum of 30 days were interviewed.

**Methods:**

- 1.) a self-designed questionnaire to screen sociological and demographical data including the attitude of using psychiatric and medical services
- 2.) the computer-assisted version of the DIA-X-(MCIDI)

**Results:** The applicability and practicability of the used instrument were examined critically in a difficult setting to a sample of problematic clients relative to their motivation, compliance and capacity. The most frequent diagnostic modules were pointed out.

**Conclusion:** In Germany there is still a need for epidemiological data in mental illness and substance abuse among homeless adolescents. The problems of the applicability and practicability in using the computer-assisted version of the DIA-X-(MCIDI) for collecting these data are discussed in detail.

**650 MATERNAL EPILEPSY - RISK FOR THE CHILDREN?****652***K. Titze, S. Koch, U. Lehmkuhl, H. Rauh, H.-Ch. Steinhausen**Clinic of Child and Adolescent Psychiatry, Psychosomatic and Psychotherapy, Humboldt University, CVK, Platanenallee 23, D-14050 Berlin*

**Objective:** The purpose of the study is to investigate the influence of specific risks associated with mothers' epilepsy on the longitudinal intellectual outcome of their children. We included risks related to prenatal exposure to antiepileptic drugs (AED) and socio-familial risks.

**Methods:** We traced and retested a longitudinal sample of 116 children from birth to adolescence (12 - 18 years of age), with 67 risk and 49 control children. For the measurement of intelligence we applied Wechsler-Intelligence Tests. Socio-familial conditions were assessed by observations with the HOME-Inventory and ratings of abnormal psychosocial situations according to the ICD-10 classification system.

**Results:** AED exposed children performed significantly lower IQs at preschool age and in adolescence. The effects were small in children exposed to one drug but salient in polydrug exposed children at preschool age and adolescent. The environmental conditions were more adverse in families with an epileptic mother than in the control families. Further, the intellectual development of children with AED exposition were more influenced by environmental resources and disadvantages than controls.

**Conclusions:** The children of epileptic mothers appeared to be more vulnerable to environmental stress than the control children and at risk for lower IQs when exposed in utero to AED.

**651****EPILEPTIC MOTHERS' PERCEPTION OF THEIR CHILDREN IN CBCL***K. Titze, A. A. El Karim, S. Koch, U. Lehmkuhl, H. Rauh**Clinic of Child and Adolescent Psychiatry, Psychosomatic and Psychotherapy, Humboldt University, Charité CVK, Platanenallee 23, D-14050 Berlin*

**Objective:** Do epileptic mothers perceive different worries and resources concerning their children than mothers without a chronic disease?

We hypothesize that heuristic gain into this issue can be derived by a qualitative analysis of the written maternal reports in the Child Behavior Checklist (CBCL), which can be assessed additionally to the quantitative analysis.

**Methods:** CBCL, a common questionnaire of child psychopathology, was administered to 29 epileptic mothers and 23 mothers without a chronic disease. Without knowing which group the participants belonged to, we developed a category system of the reported worries and resources according to the coding paradigm of Glaser & Strauss. Finally correlations were computed to the CBCL standard scores, children's IQ (WISC-R) and prenatal exposure to antiepileptic drugs (AED).

**Results:** Maternal epilepsy, CBCL scores, prenatal exposure to AED and children's IQ were correlated to specific categories of worries (cognitive achievement and handicaps), but had no effects on the perception of the children's resources. No differences in the CBCL scores were found between epileptic and control mothers.

**Conclusions:** The qualitative analysis of the maternal reports in CBCL seems to be a heuristically meaningful addition to the quantitative analysis. Further studies are necessary to modify the developed category system.

**653****FAMILY BURDEN AND QUALITY OF LIFE OF PATIENTS WITH CHILDHOOD AND ADOLESCENT PSYCHIATRIC DISORDERS***Göbner R., Ernst E., Vesely C.**Department of Neuropsychiatry of Childhood and Adolescence, University of Vienna*

**Objective:** The purpose of our study is to examine the relationship between family burden and quality of life of child and adolescent psychiatric inpatients.

**Methods:** Patients with following diagnosis are included: anorexia nervosa, endogenous psychosis and attention deficit hyperactivity disorder. Questionnaires are used for the assessment of quality of life and family burden. For the investigation of psychopathology parent reports (CBCL), patient self reports (YSR) and expert ratings are used.

**Results:** We will present the first results of our pilot study.

**Conclusion:** The impact for child and adolescent psychiatry services will be discussed.

**ABNORMAL PSYCHOSOCIAL CONDITIONS IN ROMANIA 654**

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**Objectives:** We investigate the utility, the reliability and the clinical applicability of Axis 5 (psycho-social) of the MAS. The study being done under the supervision of the Department of Child and Adolescent Psychiatry, University Frankfurt, Germany, we want to reveal and discuss the differences ascertained between psycho-social situations in Romania and Germany, trying to explain the similitudes and differences East – West and those among the different age, sex, and diagnostic samples.

**Methods:** The study was made on a group of 50 children, stationary patients in our clinic. We used the Glossary of Axis 5 (finalized by G. van Gooor-Lambo), the Parents Interview Schedule of Bastlein and Poustka and the CBCL.

**Results:** The clinical reliability study revealed a satisfactory reliability factor at many of the categories.

There are significant differences between East and West at the categories of abnormal living conditions, abnormal intrafamilial relationships, abnormal quality of upbringing, psychic or physical disease of a parent, acute life events. We found here many similarities with the former East Germany.

**Conclusion:** The study is a moment record of psycho-social abnormal situation a few years after political changes in Romania.

**Anxiety and Depression in Boarding Schools & Foster Care 656**

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**Objective:** The aim of the study was to investigate the effect of separation from the family on anxiety and depression in secondary school children.

**Methods:** Anxiety and depression were studied in randomly chosen 208 secondary school students by using Turkish STAI and CDI. 31 boarding school children and 41 foster care children were compared to matched controls living with their families. Foster care children without parental contact were also compared to orphans living in the same institution (n:10/10).

**Results:** • Mean depression rates were below cut-off points in all groups. • Mean anxiety rates were clinically significant for boarding school and foster care children. • Boarding students were slightly (but not significantly) more anxious and depressed than controls. • Anxiety and depression in foster care children were significantly higher than in controls. • Foster care children without parental contact were slightly more anxious and depressed than orphans.

**Conclusions:** For foster care children the lack of parental contact is likely to be an additional risk factor for the development of anxiety and depression as compared to orphans living in the same institution. Boarding students seem to compensate for the time-limited separation from their families. Duration and form of separation from the family correlate with anxiety and depression in secondary school children.

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**Diverging attributions of sex role identity**

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**Introduction:** From the beginning of investigations into the psychology of Turner syndrome, there has been some level of ambiguity in relation to the issue of sex-role identity, as well as sexual identity, among these girls. **Method:** This poster presents the findings of a small-scale study examining the extent to which mothers and fathers of girls with Turner syndrome vary in their attributions of sets of 'masculine' and 'feminine' characteristics on a questionnaire examining sex-role identity (The Bem Sex Role Inventory: Bem, 1974). **Results:** Mothers and fathers differed substantially from one another in characterising their daughters as 'masculine', 'feminine', 'androgynous' or 'undifferentiated'. The overall scatter indicated that mothers were more likely to view their daughters as feminine, while fathers tended to view their daughters as masculine or androgynous. **Discussion:** The consequences of these findings for interventions with parents are discussed briefly. Attention is paid to the manner in which these differences in perception may come about, as well as approaches which may help to prevent, counteract or neutralise such effects. Selected areas of future research are indicated.

**INFANT AND EARLY CHILDHOOD PSYCHIATRY IN RUSSIA**

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**Objective:** To study history and development of Russian infant and early childhood psychiatry (IECP).

**Methods:**

- 1.) to review publications on this scientific discipline
- 2.) to investigate the contribution of child neurology, psychology and medical genetics
- 3.) to analyze the difficulties of IECP development in Russia

**Results:** Already in 1920-s Russian child psychiatrists tried to correlate retrospectively found by Freud pathological symptoms of early childhood with clinically observed phenomena. Later on the attention was given to biological causes of psychopathology of this age. This promoted the early child schizophrenia extraction as a form of schizophrenia, the study of early child autism and of minimal brain dysfunction in early psychopathology. Then because of medical genetics revival the mental disorders in genetic syndromes began to be examined. Beginning with 1980-s the cooperation with child psychologists appears. Vygotsky's ideas on child psychopathology gave great impulse to study social and psychological environment in early age. Nowadays the overcoming of isolation from West science helps to open up the modern diagnostic measures and early intervention. Nevertheless there are many administrative difficulties in research ideas introduction into practice.

**Conclusions:** The study of mental disorders in zero-to-three is actual in Russia, but practical psychiatric aid is poor-spread.

**POSTER SYMPOSIUM****PS 26****DYSLEXIA****658 - 665****EARLY PREVENTION OF READING AND SPELLING DISORDERS****659***Roth, Ellen; Schneider, Wolfgang**Department of Child and Adolescent Psychiatry, University of Würzburg, Fuechsleinstr. 15, D - 97080 Würzburg, Germany*

**Objective:** In a longitudinal intervention study from kindergarten until second grade effects of a preschool training program in phonological awareness and in letter knowledge on children-at-risk's subsequent reading and spelling skills were evaluated. Two main questions guided this research: 1) Can children-at-risk's level of phonological awareness and letter knowledge in kindergarten be improved? 2) Can the validity of the phonological-linkage hypothesis suggesting that a combination of phonological awareness training with an instruction in phoneme-grapheme correspondences would be the most effective way to improve subsequent literacy acquisition be confirmed in German language?

**Methods:** Six-year-old children-at-risk were assigned to three teaching conditions: (1) training in letter-sound correspondences alone, (2) training in phonological awareness alone and (3) training in phonological awareness and instruction in letter-sound correspondences, and finally (4) a control group consisting of unselected preschoolers.

**Results:** There were specific training effects. Only the combined training program significantly improved both phonological awareness skills and knowledge of phoneme-grapheme correspondences in children-at-risk. In regard to long-term effects on subsequent literacy acquisition the most progress was made by the combined training at-risk-group.

**Conclusions:** Only the trained children-at-risk of the combined group could reach an average level in reading and spelling. These findings confirmed the phonological linkage hypothesis for German children.

**658****EVIDENCE FOR LINKAGE OF SPELLING DISABILITY TO CHROMOSOME 15**

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Reading and spelling disability is one of the most frequently diagnosed disorders in childhood which has strong influence on child's cognitive, behavior and emotional development. Family and twin studies have demonstrated that genetic factors are of great etiologic evidence for this disability.

Linkage studies revealed evidence for relevant loci for reading disability on chromosome 1, 6, and 15. Recently, Grigorenko et al. (1997) found linkage of two distinct reading-related subtypes of reading disability to chromosome 6 (phonological awareness subtype) and to chromosome 15 (word-reading subtype).

The present report presents data of a linkage study of seven extended families who were chosen from our ongoing family study (Schulte-Körne et al. 1996). Phenotype definition was based on a severe discrepancy between spelling ability and IQ.

The families were genotyped with DNA markers on chromosome 15pter-qter. Positive lod scores were obtained for the markers D15S126 and D15S143 which has been previously designated to contain a candidate region for dyslexia (Grigorenko et al., 1997)

and also non-parametric analyses (GENEHUNTER) revealed evidence ( $p = 0.03$ ) for linkage to chromosome 15 markers. This result replicates the findings of earlier linkage studies and strengthens evidence for a loci on chromosome 15 relevant for spelling disability.

**660****SPELLING DISORDER WITH/WITHOUT DYSLEXIA : ARE THEY DIFFERENT?**

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**Objective:** ICD-10 states that isolated spelling disorder (ISD) is a different pathology from dyslexia (ASD) with a specific spelling disorder. Our aim was to detect differences between ISD and ASD and their respective prevalence. A second aim was to investigate the reproducibility of results of previous studies on error type differences between ISD and ASD subjects in a language other than English.

**Methods:** Eighty children with spelling disorder (ICD-10-R criteria) were assessed using several batteries for learning disabilities: the Italian reading battery (MT), mathematics standardized tests for compulsory school, sequential, spatial and FFD items of WISC-R, and an analysis of the types of spelling errors made in written dictations.

**Results:** Many children with spelling disorder had an isolated deficit (47.5%). A lower verbal intelligence was only reading disorder-dependent ( $p < 0.01$ ). No differences were found in WISC-R sequential, spatial and FFD items. The types of errors made in Italian language tests by ISD children were similar to ASD children's errors.

**Conclusions:** Spelling disorder is more frequent than suspected. Analyses of type of errors made in Italian and the other skills tested do not give any evidence of a difference between an isolated spelling disorder and a spelling disorder plus reading and/or arithmetic disorder. The latter condition seems to be due more to a comorbidity than to a specific pathology.

**WORD PROCESSING OF DYSLExIC AND CONTROL CHILDREN 661**

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**Objective:** Difficulties in phonological processing are currently considered one of the major causes for dyslexia. Functional imaging studies suggest that left inferior frontal lobe (Broca's area) and temporoparietal areas are important in phonological reading. Information about the course of word reading reported in certain ERP- studies gives evidence for perception of word form about 100 and 150 ms, phonology encoding about 200 and 300 ms and semantic reading about 250 to 400 ms.

**Method:** In a visual ERP- and fMRT-study (EEG: 19 electrodes, DC, 128 Hz; MRT: 1.5T MR-System, gradient-echo-sequence) 10 right handed dyslexic boys [aged 8-16; diagnosed in terms of IQ- and reading ability-discrepancy] were compared with 10 matched controls. In MRT the children had to read words silently with fixation crosses as baseline. During the ERP-recording fixation crosses, words and pronounceable nonwords with variation of word length were presented.

**Results:** A major effect was a topographic group difference in the beginning P3 (300 ms) for word and nonword reading over the left frontal electrodes. Presentation of words in MRT resulted in a significant group-difference in activated regions in left IFG (Broca's area). Long nonwords elicited a smaller P2-amplitude (250 ms) in parietooccipital regions of dyslexic children.

**Conclusions:** It has been shown with different methods (ERP topography and fMRT activation) that a major group difference in dyslexic and normal reading children resulted in the left IFG indicating impaired phonological processing (grapheme-phoneme-conversion) in dyslexic children. This is supported by smaller amplitudes of phonology related ERP-components.

**SPECIFIC SPEECH PROCESSING DEFICITS IN DYSLExIC CHILDREN 663**

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In order to investigate the relationship between dyslexia and central auditory processing, 19 spelling disabled children and 15 controls at grades 5 and 6 were examined using a passive oddball paradigm. The mismatch negativity (MMN) was determined for tone and speech stimuli. While there were no group differences for the tone stimuli, we found a significantly attenuated MMN in the dyslexic group for the speech stimuli. This finding leads to the conclusion that dyslexics have a specific speech processing deficit at the sensory level which could be used to identify children at risk at an early age.

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**POOR SACCADIC CONTROL IN DYSLExIA**

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**Objective:** Reading and writing are complex functions that involve auditory/language as well as visual/attention related neural regions. We tested the hypothesis of a poorly developed saccadic control in dyslexic subjects using non cognitive saccadic eye movement tasks.

**Methods:** The study was carried on a population of 185 subjects. All subjects were tested first with a psychometric test battery measuring their cognitive abilities and achievement level in reading and spelling. Saccadic eye movements were measured in:

1. a single target overlap task, which required saccades from a central fixation point to a peripheral target appearing randomly to the left or right (75 trials to each side)
2. a sequential targets task where 5 visual targets appeared in sequence from the left to the right (35 trials)

Psychometric and saccadic eye movement results were statistically correlated.

**Results:** Above 50% dyslexic subjects as compared to 20% normally reading subjects showed statistically relevant deviations of the saccadic parameters such as too many anticipatory and late saccades (erroneous time triggering) in the single target task and too many regressive (backwards) saccades (erroneous space triggering) in the sequential targets task. The correlation between psychometric and oculomotor data was significant (correlation index of 0.4)

**Conclusions:** The results support the hypothesis of a multifactorial etiology of reading problems. A dysfunction in attentional mechanisms controlling saccadic generation as well as the reading process could be responsible for the reading problems of many dyslexics.

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**SPECIFIC SPEECH PROCESSING DEFICITS IN DYSLExIC ADULTS**

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In order to investigate the relationship between dyslexia and central auditory processing, 12 spelling disabled adults and 13 controls were examined using a passive oddball paradigm. A mismatch negativity (MMN), a neurophysiological paradigm to examine pre-attentive and automatic central auditory processing, was determined for tone and speech stimuli. While there were no group differences for the tone stimuli, we found a significantly attenuated MMN in the dyslexics group for the speech stimuli. This finding leads to the conclusion that dyslexics have a specific speech processing deficit at the sensory level.

**Comparison of two different ways in remediation of dyslexia****665**

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Our study compares two different ways of treatment for children with dyslexia concerning their efficiency and acceptance. One way addresses to the deficits of most of these children in sequential processing. It is mainly represented by the „Kieler Lese-Rechtschreibaufbau“. The other way starts from the relative resources of the children using material that represents simultaneous processing in the sense of Kaufman. Children of the two groups (N=13 and N=12) are normally gifted (mean SIF - value of SW=101 in the K-ABC) with a mean spelling ability of 1,5 standard deviations below classmean attending third grade of elementary school.

The training based on simultaneous processing shows significantly better results in spelling after one year training one hour per week. Independently of the way of training girls improved significantly more than boys from our training program. There was no difference concerning the acceptance of our two training methods.

This result should be regarded carefully. It needs replication mainly in children of earlier reading and spelling age, e.g. in children attending first and second class or in children with more severe dyslexia. However, this result demonstrates, that a training oriented towards the identified deficits is not necessarily the best way of remediation.

**POSTER SYMPOSIUM****PS 27****PHARMACOLOGICAL TREATMENT****666 - 674****666****SEROTONINE-DOPAMINE ANTAGONISTS IN CHILDHOOD AND ADOLESCENCE SCHIZOPHRENIA AND RELATED PSYCHOTIC CONDITIONS**

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**Objective:** Childhood schizophrenia is a relatively rare condition. On the other hand, there is a rapid increase in adolescence. Clinically, childhood and adolescence schizophrenia has to be regarded as a serious disorder producing important disability and requiring continued psychiatric treatment. We consider that new serotonin-dopamine agents (risperidone, olanzapine) can be used as long-term treatment in this group of population.

**Methods:** For this goal we take the following items into account:

1. In general, a long-term treatment is necessary for childhood and adolescent schizophrenic patients.
2. Serotonin-dopamine antagonists share a lower liability for serious side effects and greater clinical efficacy than conventional antipsychotics. Those agents may also have additional antipsychotic and antinegative symptom effects.

**Results:** Risperidone and olanzapine are effective in children and adolescent schizophrenic patients. These agents have less electrocardiogram changes and neurologic side effects. Nevertheless, side effects related to endocrine changes include weight gain and amenorrhea. On the other hand, these drugs appear to have a greater effect on negative symptomatology than conventional antipsychotics.

**Conclusions:** New atypical antipsychotic drugs ameliorate and reduce the signs and symptoms of schizophrenia and related psychotic conditions in children and adolescent patients. The serotonin-dopamine antagonists have demonstrated a greater clinical efficacy and lower side effects and these agents could work better than conventional antipsychotics in an individual case.

## RISPERIDONE IN TOURETTE'S SYNDROME

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**Objective:** Tic disorder are a group of transient and chronic disorders. These conditions may result in impaired emotional and psychosocial development, interpersonal relationships and educational performance. Pharmacological treatment, especially antipsychotic drugs, has been the primary intervention for severe tic disorders. We consider the possible clinical value of risperidone, a new atypical antipsychotic, in the treatment of children and adolescent patients with Tourette's syndrome.

**Methods:** For this objective we investigate:

1. assess the clinical efficacy of risperidone in this group of conditions
2. examine the safety of risperidone, particularly cardiac and neurologic side effects.

**Results:** Subjects with tic disorders have a good response to risperidone. No clinically important electrocardiogram changes were observed. Risperidone has less neurological side effects than conventional antipsychotics.

**Conclusions:** Risperidone has been demonstrated to be effective in the treatment of Tourette's syndrome. No significant clinically electrocardiogram abnormalities have been registered. Endocrinological side effects, which include weight gain, menstrual irregularities and amenorrhea, are related to elevated prolactin levels. In summary, risperidone was effective in reducing tics in adolescent patients with Tourette's syndrome. Generally, this agent was well tolerated, and the apparent clinical improvement has been maintained.

## RISPERIDONE FOR CHILDREN AND ADOLESCENTS WITH PSYCHOTIC DISORDERS

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**Objective:** The aim of this study was to investigate the efficacy and safety of risperidone in a Canadian sample of children and adolescents with psychotic disorders.

**Methods:** 18 Canadian patients aged 6-17 years were diagnosed according to DSM-IV criteria using the semistructured interview OPCRIT as suffering from Schizophrenic, Schizoaffective or Bipolar disorder with psychotic symptoms. Long term efficacy (6-12 months) of risperidone alone or in association with mood stabilizers (5) or benzodiazepines was compared to classical neuroleptics using PANSS. C-GAF was used to assess global functioning.

**Results:** Significant improvement in positive and negative symptoms and global functioning compared to classical neuroleptics was observed in 12 patients. Poor compliance, low family functioning, substance abuse or organic disorders were observed in poor responders. Risperidone was commonly well tolerated.

**Conclusions:** These results appears similar to those observed in European samples. Risperidone can be considered as a first-line therapeutic agent in children and adolescents suffering from psychotic disorders.

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## MIRTAZAPINE TREATMENT OF ADOLESCENTS WITH MAJOR DEPRESSION

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**Objective:** There exists little empirical evidence to guide effective treatment choices in adolescent depressive disorder. In case reports the efficacy of mirtazapine, an alpha-2 adrenoceptor antagonist is reported.

**Methods:** In 12 adolescents who met DSM IV criteria for major depression the efficacy of the drug was evaluated. Their age was 13-18 years. They received mirtazapine, in a daily dosage of 30-45mg. Beck Depression Inventory and Hamilton Depression Scale were administered weekly. The adolescents were followed-up at least for 3 month.

**Results:** In the course of six weeks the efficacy of mirtazapine was high in 10/12 adolescents. In 2/12 the drug had to be stopped three and four month later because of weight gain. 2/12 adolescents had no substantial improvement.

**Discussion:** These case reports suggest that mirtazapine may be an effective treatment in adolescent major depression.

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## THE USE OF ATYPICAL NEUROLEPTICS IN GERMAN UNIVERSITY-AFFILIATED CHILD AND ADOLESCENT PSYCHIATRY REGARDING SCHIZOPHRENIA AND SCHIZOPHRENIFORM DISORDERS: A NATIONAL SURVEY

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**Objective:** The use of different classical and atypical neuroleptics in schizophrenia and schizophreniform disorders is subject to change in recent years. More often an atypical neuroleptic, i.e. Olanzapine or risperidone, is the drug of first choice. Thus we hypothesize, that the respective literature does not reflect the actual use of atypical neuroleptics in clinical practice.

**Methods:** We surveyed senior doctors responsible for adolescent psychiatric units of university affiliated hospitals in Germany regarding the following questions by phone:

- 1) The first choice of neuroleptic medication in schizophrenia and schizophreniform disorders (the one or two most often prescribed neuroleptics).
- 2) The second choice if the first choice does not work as a consequence of low effectiveness or untoward side effects.
- 3) The use of Clozapine: First, second or third choice?
- 4) Time awaited before changing to the second or third choice.
- 5) The time recommended for preventive medication after remission of a first episode of schizophrenia and schizophreniform disorders and after a second or more episodes.

**Conclusions:** Results and conclusions of this anonymized survey will be presented and compared with recommendations of the recent literature.

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**CLINICAL VALUE OF RISPERIDONE IN CHILDREN AND ADOLESCENTS 671**

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**Objective:** To describe the clinical characteristics of a sample of 30 patients who were treated with risperidone.

**Methods:** For this purpose we address:

- a) Diagnostic and age
- b) Risperidone dose
- c) Treatment response
- d) Adverse events

**Results:** A middle of the sample are Pervasive Developmental Disorders. Other diagnostics are: Schizophrenia and other psychosis, mental retardation, personality disorders, attachment disorders, dissociative disorders, Tourette Syndrome. Age: 5-18 years old. Risperidone dose: 0,5-9 mg/day. In most of the patients the response was satisfactory. Adverse events: In a few cases we find drowsiness, galactorrhea, weight gain and gastrointestinal disturbances.

**Conclusions:** Risperidone appears helpful in the treatment of a variety of diagnostics in childhood and adolescent psychiatry. In our experience the few and minor side effects ensured higher compliance with risperidone than is often achieved with other antipsychotic medications.

**POSSIBLE NEUROLEPTIC MALIGNANT SYNDROME (NMS) UNDER TREATMENT WITH OLANZAPINE – A CASE REPORT 673**

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**Objective:** We present a case of an adolescent schizophrenic patient, who developed a possible neuroleptic malignant syndrome (NMS) under treatment with Olanzapine.

**Case summary:** A 17 year old Philippine boy was admitted to our university-department with first manifestation of undifferentiated schizophrenia (DSM-IV 295.90, ICD 10 F20.3). After an initial treatment with Haldol (15 mg/day) for two weeks, he was set on Olanzapine (starting with 5 mg/day, after 2 days 15 mg/day). After 8 days of treatment with Olanzapine serum creatinine-kinase (CK) level raised up to 4500U/l (norm: 0.0 – 80.0) and serum transaminase levels were elevated. Neuroleptic therapy was stopped immediately. Two days later body temperature increased to 37.8°C. Extrapyramidal symptoms or autonomic dysfunction could not be observed. After 7 days without neuroleptic therapy CK level and transaminase levels were in range again. We plan to start Olanzapine therapy again after two weeks of normal CK levels. Our poster will show the course of further therapy.

**Discussion:** On the one hand we missed major symptoms for the diagnosis NMS, on the other hand we could find no other reason for the elevation of the CK levels. Atypical forms of NMS were already described associated with atypical neuroleptics.

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**RISPERIDONE TREATMENT OF PSYCHOTIC ADOLESCENTS**

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**Objective:** To assess the efficacy and safety of risperidone (RSP) in the treatment of psychotic episodes in adolescents.

**Method:** This is an ongoing study proceeding in two stages: A. an 8-week open trial and B. long-term follow-up. The first seven cases (3 males and 4 females, aged 14-18) are presented: six were first-episode patients and one was an untreated childhood psychosis who presented with a first florid episode. RSP initial dose was 2mg/day and maximal doses ranged 4-8 mg/day. During phase A, Positive and Negative Syndrome Scale for Schizophrenia (PANSS) and Clinical Global Impression (CGI) were used for clinical assessment. Safety assessment included Extrapyramidal Side-effect Rating Scale, blood & biochemical exams, EEG and ECG. During the follow-up period clinical assessment was done by the treating specialist recording both mental and physical status.

**Results:** All patients completed the 8-week trial. Clinical improvement on both scales was significant for all, with six patients showing over 50% reduction in PANSS total score. Four developed mild EPS in doses 6 to 8 mg/day, in three there was a transient mild sedation during the first week, and two patients presented weight gain by the end of the 8-week trial. All lab and paraclinical parameters remained within normal limits. During the follow-up period, a male patient developed gynaecomastia and the youngest female presented episodes of acute dystonic symptoms.

**Conclusions:** Risperidone appears to be effective in the treatment of psychotic episodes in adolescents. EPS and other adverse effects seem to be dosage and age related and require further study in a larger sample of such young patients.

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**TREATMENT WITH OLANZAPINE IN CHILDREN AND ADOLESCENTS**

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**Objective:** Olanzapine, a thienobenzodiazepine-derivat is a new atypical antipsychotic.

As the other newer atypical antipsychotics, it is not licensed under the age of eighteen in Austria. As under treatment with olanzapine significantly fewer adverse movement disorders are described than with classical neuroleptics, and no cases of agranulocytosis are reported, children and adolescents would certainly profit by the use of olanzapine.

**Methods:** we treated 10 hospitalized adolescent patients with olanzapine. Age of the patients ranged between 11 and 17 years, diagnosis met the DSM-III-R and the ICD-10 criteria for schizophrenia in all cases.

Rating instruments included the Brief Psychiatric Rating Scale (BPRS), Positive and Negative Syndrome Scale (PANSS), Clinical Global Impressions-Severity and Improvement Scales (CGI-S and CGI-I). Adverse movement disorders were rated with the Barnes-Akathisia-Scale (BAS), Simpson-Angus-Scale for EPS and Abnormal Involuntary Movement Scale (AIMS). Ratings were done initially and then weekly over a period of 6 weeks. Additionally we measured hepatic transaminases, prolactin levels and weight regularly.

**Results:** Olanzapine improved positive and negative symptoms in all of the patients. Nearly all of the patients gained weight and had a slight increase of hepatic transaminases and prolactin level. 2 patients developed akathisia for 1-2 days, none of the patients showed extrapyramidal symptoms.

**POSTER SYMPOSIUM****PS 28****ABUSE AND NEGLECT****675 - 681****PARENTAL ATTITUDE AND CHILD-ABUSE –  
A COMPARATIVE STUDY WITH DIFFERENT GROUPS****676***Dr. G. Révész\* Dr. B. Vereby\*\*, - Dr. E. Gyenge\*\***\*Janus Pannonius University, Dept. of General and Evolutionary Psychol., H- 7601 Pécs, Ifjúság ut.6. Hungary; \*\*Child Psychiatric Care Center, H-7622 Pécs, Varga Damján u. 2. Hungary*

Since the middle of 70's there are more and more empiric data about child-abuse. Bavolek makes known a lot of researchal means, mainly questionnaires for examining parental attitude with high risk factors. The AAPI (Adult-Adolescent Parenting Inventory - Bavolek, 1983.) questionnaire involving 40 items examines the degree of agreement-rejection concerning baseless parental expectations on a scale with 5 grades (totally agree - 5; don't agree at all - 1). The purpose of the inquiries is: 1. to show AAPI results of different groups: man vs. woman; single vs. married; young vs. elder. 2. to compare results of abusing, controlling and professional groups.

1. study:

1. The basic data of the examined sample:  
N = 120 heads; 95 women, 25 men, average age: 29,1 years
2. Reliability value of split-half (even-uneven) .6401
3. The averages of women's and men's total scores are not differ from each other. ( $t = 0.67$ ,  $p = 0.5035$ )
4. Singles much rather agree with baseless expectations concerning children. ( $t = 3.98$ ,  $p < 0.0001$ )
5. Young people (under 25) rather agree with baseless expectations included in the questionnaire. ( $t = 3.62$ ,  $p < 0.0004$ )
6. According to the surprising result total average score of answering persons with children is higher than the others' without children. ( $t = 3.41$ ,  $p < 0.0009$ )

2. study: N = 170 (controlling) N = 10 (abusing) N = 10 (professional)

1. Average of abusing vs. professional groups in case of role reverse items: (ANOVA  $F = 3.47$ ,  $p < 0.032$ )
2. In case of 13 items of the questionnaire there is significant difference among averages of the 3 groups' answers.

**675****677****CHILD-ABUSE IN SCHOOL - CASE STUDY***Dr. Révész, György\* Dr. Vereby, Beáta\*\* - Dr. Gyenge, Eszter \*\***\*Janus Pannonius University, Dept. of General and Evolutionary Psychol., H- 7601 Pécs, Ifjúság ut.6. Hungary; \*\*Child Psychiatric Care Centre, H-7622 Pécs, Varga Damján u. 2. Hungary*

According to researches into educational history violence was present at school during centuries: the frequentest way of revenge was corporal punishment. In the 20th century corporal punishment was banished officially because it was qualified as abuse. However during the period of bringing-up beating is not the only way of violence under the name of discipline: there are newer and newer methods. These methods not only substitute for corporal punishment but sometimes they can surpass it considering their harmful effect. Even nowadays in the background of child-abuse there is the opinion: the child is the parents' property and this fact empowers them to do anything.

Unfortunately there are quite a lot of slaps in the faces at schools because of children's defencelessness, parents' silent resignation or leading teachers' attitudes sometimes lacking in principles, without consequences. Only to be familiar with up-to date methods of education is not enough. It is well-known that teachers' disciplinary methods - considering their choosing between punishing or less punishing ways - mainly rest on their own experiences of childhood. Examining teachers' early punishment experiences and the methods of punishment what they choose (as teacher) there is strong correlation.

Our subject is about a case on corporal punishment at a school. After the police report the case was delayed for years but a sentence in precedent was born in the end.

**Group Work Experiences in Treating Abused Girls, Based on Kaagvere Special School**

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**Objectives:** To work out and carry through a methodical program in treating abused teenage girls.

**Method:**

1. Work was carried out in a closed educational institution, whereabout 60 girls who have some behavioural disorder live and study.
2. The case history of these girls was investigated and they were divided into groups of 10 girls, all of them have suffered from long-term emotional, physical and sexual maltreatment.
3. Each group was provided with special treatment program, which was applied to the girls in the course of 1,5 year.

**Results:** Special treatment program was worked out to be applied to the victims of abuse. The program is based on the work of a team, that consist a practitioner, a psychologist, a social worker and a pedagogue.

The team work was practiced. The program involves different elements:

psychotherapy in analyzing the traumatic experiences of the girls, sexual education, development of creative skills, relaxation training, physical training program.

As a result the emotional balance of the girls was improved, communication skills were developed and adaptability increased. The program is suitable for applying to similar groups.



**INTRAFAMILIAL CHILD HOMICIDE AND FATAL CHILD ABUSE IN FINLAND**

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Although infant homicide rate in Finland is highest in developed nations there are no previous studies to analyze the specific characteristics of those cases. In this study family backgrounds, overgenerational violence and the perpetrator's attachment patterns are analyzed focusing on the deaths of children caused by child abuse.

**Methods:** We have Death Certificates of the children who have been killed by violence during 25 years, 1970-1994. Out of these 292 homicides we collected Police Records and Mental Examinations from 71 cases. Child abuse is the cause of death in 20 cases.

**Results:** The whole data suggests that there is no significant changes in rates during 25 years except the reduction in neonaticide and that the number of filicide-suicide cases has increased during the last five years period. In 67% of the cases the perpetrator is a parent, 112/180 mothers, 68/180 fathers. 60% of the victims were under the age four. Only in the child abuse cases previous violence was found. Further analyze is to be done about the backgrounds of the families, the perpetrator's family, childhood and attachment relations and experiences of loss and violence in order to determine the causes of the violence, the overgenerational patterns and what brings about the acts of violence.

**678 GENDER DIFFERENCES IN PARENTAL RISK FOR ABUSE**

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**Objective:** This epidemiological study of Latvian adolescents and their families examines differences in the risk-factor constellations related to abusive behaviors of mothers vs. fathers, and the subsequent symptomatology reported by their adolescents.

**Methods:** A stratified sample of 306 adolescents, ages 11 and 14, and their parents completed a series of questionnaires. Parental ratings of risk-factors such as stressful life events, childhood history of abuse, psychiatric symptoms, decreased social support, were compared with self-reported abusive parenting behaviors and their adolescent's self-reported symptoms of anger, anxiety, depression, dissociation and post traumatic stress disorder.

**Results:** The abusive behavior of mothers was related to their own history of abuse, and to symptoms of their own anger, depression and post-traumatic stress. These symptoms, in turn, were associated with stress factors regarding financial and relational problems. The abusive behavior of fathers was more strongly related to symptoms of anxiety and increased alcohol use. Significant stress factors for fathers included unemployment and problems at work. Mothers', but not fathers', symptomatology was inversely related to social support. Parents' abusive behavior was strongly related to their child's symptomatology.

**Conclusions:** Differentiation among risk factor profiles by gender of the parent will be meaningful in helping local professionals and families to better understand the dynamics of abusive behaviors, and thereby to more specifically develop preventive measures in working with the family.

**680****679****MUNCHAUSEN SYNDROME BY PROXY**

Mothers Psychopathology as a key for diagnosis (two case reports)  
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Munchausen syndrome by proxy (MSP) is a part of the spectrum of child abuse and neglect, and can cause harm to a child through parental fabrication, alteration of specimens or direct production of illness.

To make a correct diagnosis early is very important, but also very difficult.

The physician, usually a pediatrician has a task to recognize and confirm of "fabrication".

The next stage of assessment, after the diagnosis is made, is up to the psychiatrist (assessment of: mother-child and family inter-relationship, psychopathology of mother, and impact of all that on the child). That is usually pathway.

The order of diagnostic procedure in our two case was inverse. In both cases, mother's psychopathology was the first and prominent reason for suspiciousness of MSP presence in children. Psychiatric assessment was only the first step in long way of the definitive diagnosis.

**681****BEHAVIORAL DISORDERS AS MANIFESTATION OF DEPRESSION IN PHYSICALLY AND SEXUALLY ABUSED CHILDREN**

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This research had been undertaken among patients of the child psychiatric department during 1998. Total number of clients is 68 and all of them have facts of abuse registered in their anamnesis (7 - sexually abused, 61 - physically abused, including regular beating and body injuries). All patients had behavioral disorders which manifested in leaving home and school, conflicts and aggression. An examination had been held through clinical observation as well as with CDI (Children Depressive Inventory) questionnaire. The examination resulted in discovering in 47 patients the depressive behavioral background; this helps to suppose that behavioral disorders emerging after physical or sexual abuse are the secondary signs of post-traumatic stress syndrome with predominating depression. It is very important to discover depression connected with behavioral disorders in order to choose a proper psychopharmacological and psychotherapeutic approach for treatment.

**POSTER SYMPOSIUM****PS 29****TRAUMA AND STRESS****682 - 690****THE INFLUENCE OF THE WAR ON THE PSYCHIATRIC MORBIDITY OF CHILDREN AND ADOLESCENTS IN SARAJEVO***V. Danes**Psychiatric Clinic University of Sarajevo, Department for children and adolescent*

The basic aim of this work was to confirm whether and to which extend the war in B-H (from 1992- 1995) has influenced the mental health on the population in development.

- The subject of this investigation were histories of illnesses of the patients from The Department for Children and adolescents of the Psychiatric Clinic University of Sarajevo. The criterion for choosing the samples was the life span from 0 - 18 years, and that every participant had the medical history.
- The results have shown the growth of non-psychiatric disorders at the beginning of the war, with the tendency of stagnation at the end of the war. In the post war period the increased tendency of this group has been noted.

During the war the fall of the development-psychological disorders were evident, and in the post war period an intensive growth.

At schools a very poor success is noted with the permanent fall of the level of educational potentials from the war towards the post war period.

- This work is concluding with the statement that the war generally had influence on increased number of the psychiatric disorders, and especially non-psychiatric disorders. The post war period characterized the growth of the number of development-psychological disorders. The concrete consequence out of it will be the fall of the education potentials of the population who were exposed to the war stress.

**ATAQUE DE NERVIOS & HISTORY OF CHILDHOOD TRAUMA 683***D. Schechter, R. Marshall, E. Salman, D. Goetz, S. Davies, M. Liebowitz**Columbia University College of Physicians & Surgeons, NY*

**Objective:** Ataque de nervios is a common, self-labeled Hispanic folk diagnosis listed in the DSM-IV glossary of culture-bound syndromes. It typically describes episodic, dramatic expressions of negative emotion, often involving destructive behavior and dissociative symptoms, which usually occur in response to stressors. Previous research has found an increased incidence of psychiatric disorder in individuals with ataque de nervios. The dissociative features and affective dysregulation typical of such episodes suggest a link to childhood trauma, which is investigated in this study.

**Method:** Psychiatric diagnoses, history of ataque de nervios, and childhood traumatic experiences were assessed using structured interview or self-report questionnaire in treatment-seeking Hispanic patients (N=70). The incidence of childhood trauma among subjects with and without ataque de nervios was examined using the chi-square test or Fisher's exact test.

**Results:** Significantly more subjects with an anxiety or affective disorder plus ataque reported a history of physical abuse, sexual abuse, or a substance-abusing caretaker than those with psychiatric disorder but no ataque.

**Conclusion:** In some Hispanic individuals, ataque de nervios may represent a culturally-sanctioned expression of dissociative, somatoform, and affect-dysregulation associated with childhood trauma. Patients presenting with a history of ataque de nervios should receive a thorough traumatic history assessment.

**682****684****Impact of family resources on psychopathology of Afghan refugees**

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**OBJECTIVE:** Afghan refugees are characterised by usually upper class social origin, by high family cohesion and by a multitude of stressors including war-induced stressors, migration through different countries and uncertainty about permanence in exile. Loss of family resources, loss of social status and expectations towards children play a significant role in the family's and clinician's interpretation of pathogenesis and symptomatology. Objective of the pilot-study is to distinguish the importance given to the real or imagined family in a clinical sample of minor and unaccompanied Afghans versus families of Afghan refugees.

**METHODS:** General symptomatology was assessed by clinical interview and classification, posttraumatic symptoms by the Foa-Scale.

Family image and meaning of the family were assessed using a semistructured clinical interview and the Familienbrett. Family functioning was assessed using the GARF in families and description of family memories in unaccompanied minors. A clinical sample of 5 families and 5 unaccompanied minors was studied. The pilot study was accompanied by expert interviews on the role of family function and dysfunction in afghan refugees.

**RESULTS:** Hypothesis are presented concerning the role of loss of social status and family functioning in the presentation of psychopathology.

**Children from the Gazel Cohort: Life-Events and Psychopathology****S Vermeersch\* and E Fombonne\*\****\*Service de Psychopathologie de l'enfant et de l'adolescent, Centre Hospitalier de Douai, Douai, France**\*\*Department of Child and Adolescent Psychiatry, Institute of Psychiatry, London, England*

**Introduction :** This study assessed the relationship between life-events and behavioural problems in a large community sample of 4 to 16 year old French children.

**Methods :** The sample was surveyed in 1991 with the CBCL and an additional questionnaire including items on service attendance, use of psychotropic drugs, and a child life-events list. The sample available for the analysis comprised 1335 boys (51.7%) and 1248 girls (48.3%)

**Results :** The rate of negative life-events was 69% for children of both sexes and social origins. The total number of life-events during the last year was associated with age and their impact on the children. A detailed analysis of the type of life-events will be presented. The occurrence of life-events was significantly correlated with total score of psychopathology and internalizing problems (especially with anxious / depressed disturbances and somatic complaints) and with externalizing problems, as well as with medical attendance and contacts with mental health professionals.

**Conclusion :** These results outline the importance of stress and life-events in the understanding of children's behavioural and emotional problems.

**685 MIGRATION AS A PATHOGENIC FACTOR: TWO CASE REPORTS 687**

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Migration can precipitate psychiatric disorder, exacerbate it, and, in some cases, relieve it. Understanding migration as a pathogenic factor can provide the clinician with enhanced understanding of patients' disorders and offer insights into alleviation of these disorders. The clinician needs background information regarding types of migration and their normal process to be able to improve the psychiatric care of the migrant patient. We will discuss in our presentation case histories of two Turkish children with child onset Schizophrenia.

**Reference:**

**Book**

Westermeyer, J. (1989): Psychiatric care of migrants.  
American Psychiatric Press.

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**PSYCHOPATHOLOGY FOLLOWING A ROAD TRAFFIC ACCIDENT****C. O'Brien, N. Kissane\*, M. Fitzgerald***Lucena Clinic, Dun Laoghaire, Co. Dublin**\*Ballyfermot Child and Family Centre. Dublin, Ireland*

**Introduction:** A bus crash in November 1997 involved 75 male adolescents aged 17-19 years.

**Objective:** To examine psychopathology and levels of Post Traumatic Stress Disorder. Information on family and social stressors/resources was collected to investigate the correlation with psychopathology development.

**Method:** 72 subjects and 59 controls agreed to participate. Questionnaires were presented in group settings with data collection from March - July 1998.

**Questionnaires:** Individual Accident Report, Post Traumatic Stress Diagnostic Scale, Revised Impact of Events Scale, Trauma Symptoms Inventory, Youth Self Report, Life Stressors and Resources Inventory

**Results:** To date two questionnaires have been analysed

1. Individual Accident Reports show 51.3% believed that they were going to die.
2. PDS finds 20.8% of subjects fulfilling diagnostic criteria for PTSD as compared to 7.1% of controls.

**Discussion:** Analysis of all questionnaires is being carried out and a one year follow up study is planned. Results suggest high levels of Post Traumatic Stress Disorder Post-Road Traffic Accident which indicates the need for appropriate referral to mental health services and has implications for service provision.

**EMOTIONAL CONSEQUENCES FOLLOWING ROAD TRAFFIC ACCIDENT AMONG SERIOUSLY INJURED CHILDREN****E Kaczvinsky, E Kiss, E Varga\*, A Vetro***Albert Szent Györgyi Medical University, Division of Child and Adolescent Psychiatry and Department of Trauma Surgery\*, Hungary*

**Purpose:** A systematic study of psychological reactions to road traffic accidents in children has been carried out on our unit since January 1997.

**Method:** A structured interview have been administered (SAPTFA) with the parents asking about life events and emotional reactions of their children. The children were asked to fill out the following questionnaires: Child Depression Questionnaire, Child Spielberger Questionnaire (measures anxiety), Impact of Event Scale (IES), Pynoos Questionnaires (helps to determine the development of posttraumatic stress disorder). The first interview (meeting) is on the week of the accident, then we repeat the tests 3 and 6 months later.

**Results:** We present the case histories of three seriously polytraumatized children. Their psychic reactions to the accidents and therapeutic interventions are discussed.

**Conclusions:** The necessity of long term therapy decided based on the debriefing of the first meeting. In the therapy, cognitive-behavior psychotherapeutic techniques were preferred and drug treatment were administered up to the case.

**MURDERED PARENTS- TRAUMATIZED CHILDREN****689**

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It is an extreme stress, if one of the parents was murdered. Reactions and therapeutic approaches within a sample of 42 children and adolescents aged from 3 to 18 years will be shown. The post traumatic response depends on various circumstances: it is a great difference whether e.g. father kills mother, or, if the murderer is a strange person. Symptoms differ in acute and chronic presentation of childhood posttraumatic stress disorder. The interaction of trauma with other environmental factors will be shown. Age, gender, parental effects, personality structure defense- mechanism, social environment effect PTSD symptoms. External events can affect intrapsychic structure and development of the self. Reactions as difficulties with affect modulations, anger self-destructiveness, suicidal behavior, but also other symptoms can appear, sometimes remaining for many years.

**Conclusions:** all children orphaned by the death of one parent at the other's or someone else's hands should be assessed as soon as possible in a child psychiatry department. An immediate crisis intervention may be needed if they witnessed the killing. Bereavement counseling is helpful in most cases. Placement, access and custody, and compensation issues need to be considered as do seeing the body, attending the funeral and dealing with family conflict.

**POSTER SYMPOSIUM****PS 30****TREATMENT OF ADHD****691 - 699****690****BIRTH OF A CHILD AFFECTED BY MALFORMATION SYNDROME: RELATIONAL AND EMOTIONAL ASPECTS.***M. Roccella**MD, Infantile Neuropsychiatry, Department of Psychology, University of Palermo, Italy***Objective:** To evaluate the relational and emotional aspects in children affected by malformation syndrome and in their mothers.**Methods:** The study has been carried out on ten children affected by malformation, six males and four females, aged on average between five years and eight months, hospitalized at the Chair of Infantile Neuropsychiatry in Palermo. In five of them the malformations are due to a definite genetic history in two of them they are connected with pre-natal viral infections, in three of them it is not possible to identify the etiology of the malformation. All the children suffer from cognitive deficit, eight of them from epileptic crises, four from behavioural troubles, three have a picture of cerebral palsy, two suffer from psychomotor retardation. The study has been carried out through interviews with the mother and the child, when possible, and by observing the patients while playing.**Results:** The mothers of the children affected by malformations prove to be rather frail. They feel distressed and guilty, especially the mothers of those children for whom the causes of the malformations have been discovered. Therefore, it is necessary for them to free themselves from that sense of guilt and to take care of their children's development. By the way, this process seems to need a long time and varied ways. In addition, the mother's reaction to child's disease seems to influence the child with different educational attitudes. The child may feel the parents' distress, especially the mother's, who tends to consider her child as a narcissistic wound to her identity. In these children the defective body image acts as the organizing experience for the behavioural troubles. The children use different defence mechanisms and make attempts to please their mothers.**Conclusions:** The cognitive deficit, the psychomotor retardation, the malformations which affect these subjects cause an attitude of reject, especially at first, in the mothers. These children are not rewarding, difficult to accept. The mothers' attention is drawn by the organic aspects of the malformations, rather than by the children's emotional ones. It therefore advisable to offer both the parents and the children a supporting intervention in order to allow the working-through of such a traumatizing event.**691****USING MOTIVATION TO CONTROL IMPULSIVITY IN BOYS WITH DISRUPTIVE BEHAVIOR***S. Kreisel, P. Parzer, F. Resch**Department of Child and Adolescent Psychiatry, University of Heidelberg, D-69115 Heidelberg, Germany***Objective:** Impulsivity is a common symptom in disruptive behavior disorders. It has been postulated to be the central impairment in ADHD and plays a major role in understanding conduct disorders. Apart from the fact that impulsivity is difficult to objectify, it is also not well understood how it is influenced by situational constraints, such as motivation. We propose that by using specific motivational cues to tap into the behavioral control system, one can modulate control of response in children with disruptive behavior disorders and henceforth provoke controlled behavior, showing that impulsivity is a state rather than a trait problem.**Method:** Disruptive behavior was measured in both a control and an outpatient group of boys using parent questionnaires (total n=69). We used the stop-signal paradigm (Logan & Cowan, 1984) as our experimental measure of impulsivity and applied a system of differential reward and punishment cues on reaction and inhibition according to a modification of J.A. Gray's neuropsychological model of approach/avoidance learning (Newman & Wallace, 1993).**Results:** A significant dimensional effect was seen correlating the degree of impulsivity with the disruptive symptom scores. However, impulsivity persisted even when there was motivation to control and inhibit reaction. In fact, though on-task attention increased, impulsivity remained almost unchanged when reward for quick responding was available.**Conclusions:** Contrary to our predictions, impulsivity was shown to be a stable symptom of disruptive behavior, pointing to a motivation-independent problem in information processing.**References:**

Logan, G.D. (1984): On the ability to inhibit thought and action: A theory of an act of control. *Psychological Review* 91:295-327.

Newman J.P., Wallace, J.F. (1993): Diverse pathways to deficient self-regulation: Implications for disinhibitory psychopathology in children. *Clinical Psychology Review* 13:699-720.

## SPECT IMAGING OF ADHD CHILDREN BEFORE AND AFTER METHYLPHENIDATE TREATMENT 692

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**Objective:** Cerebral blood flow of children with attention deficit hyperactivity disorder (ADHD) before and after methylphenidate treatment are compared.

**Method:** Subjects were 11 male, right handed, never medicated children with ADHD diagnosed using DSM-IV criteria, CBCL, TRF, Conners Abbreviated Teachers Form, SCL-90 symptom checklist for assessment of parental psychopathology, Kovacs Depression Scale for assessment of depression, and WISC-R for assessment of IQ. All of these scales, except WISC-R, were used again after treatment. Tc-99m HMPAO SPECT was used for calculating cerebral blood flow. 3 images were taken for each child: first while resting, second while performing a task which needs sustained attention, and third after treatment, again while performing the same task. The first and second images, and the second and the third images were compared for each child.

**Results:** There were no statistically significant differences between images taken in resting and task positions, but there was a significant increase in regional blood flow in right parietal region ( $p=0.017$ ) and left temporal region ( $p=0.045$ ) after treatment. When only responders were compared, there was a significant increase in regional blood flow in left basal ganglia after treatment ( $p=0.015$ ).

**Conclusion:** This study failed to replicate reports of prefrontal lobe dysfunction in ADHD, but showed that right parietal regions and perhaps basal ganglia and left temporal region may be important in methylphenidate response.

## A MULTI-DISCIPLINARY APPROACH TO ADHD 694

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**Objectives:** Multiple factors affect the outcome of children with ADHD. A comprehensive assessment is required:

- 1) To assess children with ADHD, their psychiatric, cognitive, speech and language and academic profiles
- 2) To explore parent's and teacher's perceptions of ADHD
- 3) To explore factors contributing to the functional and academic problems experienced by children with ADHD

**Methods:** Children with possible diagnosis of ADHD are assessed by a multi-disciplinary team consisting of a child psychiatrist, psychologist, speech pathologist and special education teacher. The assessment consists of:

- 1) Family assessment utilising a screen with all therapists present
- 2) Psychometric assessment - WISC III
- 3) Academic assessment - WRAT 3
- 4) Speech & language assessment - CELF 3
- 5) School observation
- 6) Standardised questionnaires

**Results:** All children with ADHD displayed a range of problems that suggest their ability to adjust and function socially may be compromised. ADHD children have significant expressive language difficulties but not as severely affected compared to non-ADHD children with major behavioural problems. Both groups demonstrated lower pragmatic and social skills. Parents and teachers have different perceptions of the symptoms of ADHD in the same child.

**Conclusion:** A comprehensive assessment is mandatory in the assessment of children with symptoms suggestive of ADHD as management strategies will need to be individualised. ADHD without comorbid disability was rare in the sample studied.

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## Buspirone - an alternative treatment of ADHD

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**Objective:** Psychostimulants are the first - choice medication for the treatment of children with ADHD. However, because stimulants have side effects and up to 40% of ADHD children exhibit not a significant clinical response, their use may be limited. We report about preliminary findings of the apparent efficacy of the serotonin agonist buspirone in the treatment of children with ADHD and some biochemical aspects concerning changes in the fatty acids pattern during buspirone therapy.

**Method:** Seven normal intelligent ( $IQ > 85$ ) children (6 boys, 1 girl, mean age 9,2, range 6,8 to 12,1) with predominantly hyperactive impulsive type of ADHD were examined. Behavior was evaluated by teacher and parents reports and by clinic direct observation. None had received any neuroleptic medication for 3 weeks prior to beginning buspirone. Buspirone was initiated with an oral dose of 2,5 mg/d. All the subjects were given buspirone 15 mg/d for a period of 6 weeks. Fatty acid pattern in the whole serum were determined.

**Results:** When compared with the baseline six children showed a significant improvement in hyperactivity ( $p < .01$ ). In relation to the baseline the part of polyunsaturated fatty acids ( $20:4 \pm 6$ ) in the serum significant increased whereas the saturated fatty acids ( $14:0$ ,  $16:0$ ,  $18:0$ ) decreased ( $p < .01$ ). Side effects were not reported.

**Conclusions:** Buspirone had short - term positive effects on children with ADHD, reduced the hyperactivity and normalized the affected lipid metabolism which is modulated by a serotonergic mechanism.

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## ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) WITH AGGRESSION - PHARMACOTHERAPY PLUS COGNITIVE-BEHAVIOURAL THERAPY

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**Objective:** To assess the efficacy of the strategy of eclectically intervention - psychotherapy & pharmacology combined treatment in children 7-13 years old with disorder ADHD with overt aggression.

**Patients and Method:** 24 out-patients with oppositional defiant disorder and intermediate conduct disorder were randomly matched into 2 groups. We compared the efficacy of short-term (8-weeks) of group cognitive-behavioural therapy with medical treatment. Group A: child's social-cognitive and emotional-regulation skills training followed a 2-year pharmacotherapy (clonidine, piracetam, gammalon) and group B was treated only with pharmacotherapy. Patients were evaluated by using criteria ICD-10, Overt Aggression Scale and Child Behaviour Checklist. **Results:** Most of the children of group A showed significant behavioural and academic improvement ( $P < 0.01$ ). Aggression had decreased during the therapy. The risk factors changed with development.

**Discussion:** An outcome study has shown that the complementary concept of ADHD-Aggression treatment is the one which leads to positive outcome. However, long-term outcome is not known and is currently being investigated.

**A PROTOCOL FOR DIAGNOSIS AND TREATMENT OF ADHD IN ITALIAN CHILDREN 696***A.Zuddas, B.Ancillella, A.Marongiu, S.DeMuro, C. Cianchetti**Child Neurology and Psychiatry, Dept. Neuroscience, University of Cagliari, Cagliari, Italy.*

**Objective:** In Italy, ADHD diagnosis is rarely used; restrictions on psychostimulant availability and clinical attitudes of most professional frequently lead to formulation of comorbid or uncommitted diagnosis. We designed a protocol for diagnosis and treatment of ADHD in Italian children.

**Methods:** Children referred as hyperactive were studied using questionnaires for parents and teachers (CPRS, CTRS), comprehensive interview with parenting figures (PICS-4), developmentally appropriate interview to the child with scales for anxiety and depression (MASC, CDI), medical evaluation, assessment of ability/achievement, attention/impulsivity and speech/language evaluation. In ADHD children acute test and chronic treatment with methylphenidate (MPH) were administered.

**Results:** 17 out of 23 referred children were diagnosed as ADHD (2 inattentive, 14 combined type); acute test with MPH was administered to 12 children: in two patients it induced dysphoria and logorrhea, in 10 ameliorated attentional performance. Improvement of attentional performance, social and academic functioning persisted during chronic treatment.

**Conclusions:** Results of this pilot study suggest the protocol is suitable for ADHD diagnosis and acute test can predict long-term efficacy of MPH chronic treatment.

**HYPERACTIVITY: COMMON TROUBLE - INTEGRATIVE TREATMENT 698**

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**Objective:** Among insufficiently treated children with ADHD, when reaching praepubertal age, there is an increased risk of being dismissed from general school and drifting towards antisocial behavior. For patients in ages 11-14 a complex multimodal treatment program has been developed with the aim of keeping the patients within the general educational system.

**Method:** 12 hyperkinetic children with the most severe learning and conduct problems are selected from four general schools. At the beginning and the end of the treatment period patients are carefully assessed by rating scales and obtaining data from parents and teachers. In each school responsible teachers called a "mentors", keep regular contact with the patients and their teachers. "Mentors" and parents participate in consultational group sessions on a weekly basis lead by a child psychiatrist and psychologist. Concomitantly, the patients are treated individually with pharmacological and behaviour therapy and remediation.

**Results:** During the integrative treatment period patients could be educated in regular classes.

**Conclusions:** Children with ADHD and severe learning and conduct problems require a complex multimodal treatment approach.

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**HYPERACTIVE CHILD AND HIS FAMILY**

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**Objective:** In many cases pharmacotherapy of hyperkinetic children is effective in school setting and in pairgroup but not sufficient in family circle. In these cases parents are unable to set limits and disagree about education style. After inpatient evaluation and pharmacotherapy we introduce in these cases outpatient family therapy.

**Method:** A special method involving psychoeducational and behavioral, problemfocused family therapy was adapted to these families. We made 4-8 family sessions, at the beginning with and later on without the index patient and siblings, in few cases occasionally the teacher was also invited.

**Results:** Illustrated by four families we would like to show the advantages and pitfalls of the method.

**Conclusions:** The above described complex therapeutic intervention seems to be more successful and longerlasting.

**ENHANCING EFFECT OF RISPERIDONE ON METHYLPHENIDATE IN CHILDHOOD ATTENTION-DEFICIT/HYPERACTIVITY DISORDER**

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**Objective:** Attention-deficit/hyperactivity disorder (ADHD) is a condition that is characterized by distractibility, overactivity and impulsiveness. The goal of this communication has focused on assessing clinical usefulness from this methylphenidate augmentation with risperidone in childhood ADHD.

**Methods:** For this objective we examine:

1. The clinical efficacy of this combined treatment
2. The possibility of lowering methylphenidate dosage
3. The lack of severe side effects derived from this pharmacological association and
4. If there are additional beneficial effects

**Results:** Hyperkinetic children could benefit from this associated pharmacological treatment (risperidone plus methylphenidate). Therapeutic effects of risperidone, a new atypical serotonin-dopamine antagonist drug, include normalization of psychomotor activity, appetite and sleep. Risperidone is an agent which is substantially less likely to produce cardiologic effects. Risperidone may have other side effects related to endocrine changes such as weight gain which could be an advantage in this population. Therefore, that treatment modality ameliorates the clinical picture in hyperkinetic children. Moreover, this pharmacological association may avoid increasing methylphenidate doses.

**Conclusions:** Given the potential risk for stimulant medications to induce in children appetite loss, sleep disturbance, growth slowing and a psychotic condition, there seems to be a positive effect resulting from the use of risperidone added to methylphenidate in hyperactive children.

**POSTER SYMPOSIUM**

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**QUALITY MANAGEMENT AND EVALUATION**

700 - 707

**EVALUATION OF A DOCUMENTATION SYSTEM IN A CLINIC OF CHILD AND ADOLESCENT PSYCHIATRY 701**

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**Objective:** In a clinic for child and adolescent psychiatry with more than 900 admissions per year subjective stress and objective time consumption by documentation were to be reduced.

**Methods:** 1. Content and number of printed forms in 40 patients files selected at random are analyzed. 2. A matrix of data is compiled including all printed forms used in clinical practice. 3. The amount of time to fill in forms is measured. 4. The reduced and revised documentation system is adapted to future use for electronic files.

**Results:** A substantial amount of redundancy could be shown. User oriented electronic documentation is presented in a demonstration version.

**Conclusions:** Documentation tasks are increased steadily by various exceptions of the hospital administration and institutions from the outside. Resulting stress can be reduced only by systematic analysis of informational redundancy.

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**DOCUMENTATION AS A MEASURE OF QUALITY MANAGEMENT: DIAGNOSTIC ASSESSMENT IN AN OUT-PATIENT POPULATION**

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**Introduction:** Children with developmental disorders are characterized by a high rate of comorbid disorders. The purpose of this study is to assess the range of problems in these children in order to be able to evaluate their specific therapeutic requirements.

**Method:** The population comprises all children seen at the out-patient facility of the Department for Developmental and Behavioral Disorders of the Heckscher Klinik during the year 1998. The children were evaluated by a multiprofessional team of child psychiatrists, psychologists, and speech pathologists. Diagnoses were made according to the multiaxial classification scheme.

**Results:** 340 patients were diagnosed. 75% of the patients had multiple specific developmental disorders (language disorder, in combination with reading and spelling disorder and motor disorder). About two thirds of these patients had an additional psychiatric disorder. 20% of the patients had a pervasive developmental disorder and 5% had a severe mental retardation, often in combination with neurological disorders.

**Conclusions:** Children with developmental disorders have a high risk for comorbid psychiatric or neurological disorder. Most children need intensive therapeutic support. Therapeutic measures include speech therapy, reading and spelling training as well as psychopharmacological and psychotherapeutic support.

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**LOOKING AT CHILDHOOD SERVICES FROM THE CHILD'S PERSPECTIVE**

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**Objective:** The aim of the study is to gather information from professionals (in kindergartens, schools, health services, child protection, free time activities and town planning) about their opinions of children's needs and possibilities to take part in every day running of the services and to compare these opinions with a) research knowledge of children's needs and b) the United Nations Convention on the Rights of the Child.

**Methods:** A carefully planned questionnaire with open and optional items detecting respondent's knowledge, skills, attitudes and opinions of children's needs was collected from all together 700 professionals in the field.

**Results:** The analysing of the result has just been started. So far, we have been surprised of the great variety in opinions and attitudes. Also, the questionnaire seemed to awake emotional reactions among the respondents both positive and negative. Many professionals were worried about children's behaviour and mental health, especially about drug and substance abuse issues. Valuable concrete advice were reported, how to support children's possibilities to participate.

**Conclusions:** We believe that by helping professionals to focus on the child's perspective we are able to strengthen children's rights realization in every day living and to improve sensitivity of services to children's needs.

**Ethical challenges on the way to a therapeutic contract**

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- (1) Ethical considerations can add important perspectives to various aspects of child and adolescent psychiatry. Especially the orientation along the principles published by Beauchamp and Childress (i.e., respect for autonomy, nonmaleficence, beneficence and justice) may be very helpful in this context.
- (2) We will elucidate these assumptions by analyzing the process from the beginning of help-seeking until the point where a therapeutic contract could be reached. A main topic is the balance between issues of autonomy, especially informed consent and consent of children on the one hand and aspects of nonmaleficence and beneficence on the other hand.
- (3) Sensibility to ethical principles and awareness of the rights of parents and children represent a base of common shared values useful for the development of a positive relationship between the young patient/ parent and the therapist. The same holds true for the ability to realize and discuss difficulties evolving in the diagnostic and therapeutic process that may reflect ethical dilemmas. Careful consideration of these aspects can improve professional competences.

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**EFFICACY OF BRIEF PSYCHOTHERAPY FOR EMOTIONAL DISORDERS**

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**Objective:** Child psychiatry has enjoyed a long tradition of using brief psychotherapy with children but research literature on its efficacy is remarkably sparse. The objective of this paper is to study the efficacy of an original model of brief psychodynamic psychotherapy (BPP) applied to children with emotional disorders (ICD10 criteria). **Method:** The study has been made on a sample of 30 subjects (age 6,3-10,9) divided in an experimental group who underwent the therapy and a control group. The psychodynamic oriented treatment was composed by five sessions of family therapy and in succession by five sessions of individual therapy. Each subject was evaluated in an outpatient setting, at the beginning and at the end of the therapy or after six months for the control group, by: CGAS, CBCL, Grid for Symptom Reduction. **Results:** The authors stress the significant differences between the two groups concerning both the symptom reduction ( $p < 0.1$ ) and the improvement of global functioning ( $p = 0.045$ ). These data are only partially confirmed by the assessment by the CBCL even if in the experimental group there are more frequent transitions from a pathological score to a normal one. **Discussion:** The better improvement both in symptom reduction and in global functioning of children who underwent the BPP shows its efficacy. The improvements are better than those reported in literature as spontaneous reduction of symptomatology. Children with internalized disorder, a pure emotional disorder and an initial CGAS of  $\geq 60$  are more reactive to this type of psychotherapy.

**703 "BEFINDLICHKEITSSTERN" - QUALITY OF CARE IN INPATIENT TREATMENT 705**

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Presentation of a computerized instrument assessing and integrating on individual and the level group subjective assessments of psychic and psychosocial states of adolescent inpatients and ward atmosphere of a milieutherapeutic inpatient unit. The repetitive assessment of each patient by the members of the staff being on duty provides with its visualisation the basis for judgement on progression of patients. Furthermore it helps recognizing stagnation of a processes and enables the members of the staff to reflect the criteria of judgement on individual and on team level.

The aim of the program is to improve quality of care on a rational basis and to deliver impulses for staff training. The clinical and scientific efficiency of the instrument has been tested during a pilot period assessing and visualising subjective ratings of the patient's states and ward atmosphere simultaneously. It became clear that the acceptance of the program by the staff was fairly high and compatible with the hectic daily life on an adolescent ward with emergency service (less than 1' assessment time per patient).

The potentials of the computerized instrument are demonstrated and visualised through case examples. Basic statistical analysis will be provided. If possible, an on line demonstration version of the program will be presented together with the poster.

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**THE ASSESSMENT OF QUALITY OF LIFE OF ADOLESCENTS WITH PSYCHIATRIC DISORDERS**

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**Objective:** The purpose of the Study was the Assessment of Quality of Life of school-girls with psychiatric disorders, especially with anorexia nervosa (AN). Our hypothesis was the existence of differences between adolescents with psychiatric disorders and a control group of patients with orthopedic disorders without psychiatric problems.

**Method:** For this purpose we used the Marburg Inventory for the Assessment of the Quality of the Life of the Children and Adolescents (IQLC). This inventory was administered to 3 groups of school-girls and their parents: (1) a group with mental disorders ( $n=47$ ), (2) a group with AN ( $n=33$ ), (3) a group without psychiatric disorders, but with orthopedic disorders ( $n=18$ ).

**Results:** There were several statistically significant differences in many aspects of quality of life between the group of patients with AN and the control group as well as between the group of patients with other psychiatric disorders and the control group. The most remarkable differences concerned family relationship, distress and personal problems.

**Conclusions:** The results are important for the improvement of therapy of adolescents with psychiatric disorders.



## POSSIBILITIES AND PROSPECTS OF A HOSPITAL INFORMATION SYSTEM FOR THE DAILY WORK IN CHILD AND ADOLESCENT PSYCHIATRY 707

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In 1999 the clinics at the Philipps University Marburg are introducing a new IT-System (*Health Information System HIS*). The new software covers almost all areas of administration, and furthermore allows the realisation of a work place for the requirements of medical care and nursing. Objective is the establishment of full order entry and communication of diagnostic findings, integrating the writing of medical reports and creating an electronic medical record.

The task of the project group of the department in co-operation with the project management of medical informatics is the adaptation of the workplace to the specific requirements of the department. They differ clearly from the needs of most other departments. The developers have to put a lot of care into planning to guarantee the acceptance by the staff. The user interface has to signal a significant relieve of time-consuming paperwork.

Installation will take place in 3 steps:

1. Development of screen forms and sequencing.
2. Provision of workplaces, where selected and trained employees can test the functionality
3. Routine operation

Particular attention is to be directed to the maintenance of data privacy.

## POSTER SYMPOSIUM

PS 32

## BIOLOGICAL PSYCHIATRY

708 - 716

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## SEASONAL EFFECTS ON ACTIVITY AND SLEEP IN SCHOOL-AGED CHILDREN LIVING AT 60 DEGREES NORTH

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**Objective:** To assess the association of the season (May) and day- and nighttime activity level, sleep quantity and quality, and rest-activity rhythms.

**Method:** Thirty-eight healthy school-aged children participated in the study between the time of 26th January and 30th of May. They were monitored for 72 consecutive hours with the belt-worn activity monitors (actigraphs) to obtain objective data on their activity levels during the day and night. In addition, the parents filled out the Child Behavior Checklists.

**Results:** The mean day- and night time activity level, the quantity and quality of sleep, and the relative circadian amplitude were significantly associated with the Julian day of starting the monitoring period indicating more activity, poorer sleep, as well as some dysregulation of the circadian rest-activity rhythm in later spring time. The day- and night time activity was higher, the sleep latency was longer and the sleep efficiency was lower with the subjects monitored in May than with the subjects monitored earlier (January- April).

**Conclusions:** The activity, sleep, and rest-activity rhythm are affected by the season of spring which likely reflects the natural adjustment to the increase in photoperiod in May.

**BEHAVIOURAL PHENOTYPE AND COGNITIVE DEVELOPMENT IN CHILDREN WITH AUTOSOMAL DEFECTS**

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**Objective:** Some genetic disorders e.g. Prader-Willi or Fragile-X show a specific behavioural and cognitive profile. Much less is known about the development of children with structural defects of the autosomes (mainly small deletions or partial trisomies).

**Methods:** 30 children were assessed longitudinally for a maximum of 8 years. Cognitive development was tested at regular intervals using the Griffiths Developmental Scales, the Kaufman Ability Battery for Children, the WPPSI and the WISC-R. Parent interviews, questionnaires and direct observation were performed in order to study behavioural abnormalities.

**Results:** The cognitive development was as follows: IQ < 50 (N=20), IQ 50 - 70 (N=7), IQ 80 - 100 (N=3). The following behavioural characteristics were observed: 1 child with autistic behaviour (Pallister-Killian-Syndrome, T12p), 2 children with hyperactive and aggressive behaviour (18p-, 8p-) and 1 child with hyperactive and „Rett“-like behaviour (3p-). These 4 children all have an IQ < 50.

**Conclusions:** The results indicate that the majority of children with autosomal defects manifest severe or profound mental retardation and no specific behavioural characteristics. Their development is shaped by the degree of their mental retardation, their sensory handicaps, and other organic problems.

**PSYCHOSIS AND BRAIN ANOMALIES IN 22q11 HEMIZYGOSITY**

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22q11 hemizygosity is associated with the DiGeorge- and Velo-Cardio-Facial-Syndrome. Typical clinical features are cardiac malformations, cleft palate, thymic dysplasia, facial dysmorphisms, hypocalcaemia and learning disabilities. Additionally it has been reported, that patients with 22q11 hemizygosity frequently developed psychiatric disorders including schizophrenia, bipolar disorders and attention deficit hyperactivity disorder. 22q11 is considered as a possible candidate region for genetic studies of schizophrenia and bipolar disorders.

We present a case-report of a 16 year old girl. Because of cardiac malformations cytogenetic tests were performed and revealed 22q11 hemizygosity. At age fourteen the patient developed a psychotic disorder with delusional and hallucinatory symptoms. Additionally a mental retardation was assessed. Magnetic resonance imaging of the brain revealed parieto-occipital and cerebellar atrophy as well as anomalies of gyration. The relationship between psychiatric disorders and brain anomalies in patients with 22q11 hemizygosity will be discussed.

**709 AUTOIMMUNE SUBTYPE OF TIC DISORDER: the prevention strategy in 2 cases with Tourette's syndrome**

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A review of literature shows that there are cases of childhood-onset obsessive-compulsive disorder or /and tic disorder of whose the symptoms start or exacerbate following an infection with group A  $\beta$ -hemolytic streptococcus. These clinical observations lead to the hypothesis that, an infection with this agent (or /and others), may trigger autoimmune responses in genetically vulnerable persons, via a process analogous to Sydenham's chorea. The inflammatory response will end in the appearance or the exacerbation of tics or obsessive-compulsive symptoms. These cases are designated by the acronym PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections).

We report 2 cases of boys with Tourette's syndrome who presented acute severe exacerbation of their tic symptoms after strept pharyngitis, who both met the diagnostic criteria for PANDAS set by Swedo et al. Their first episode in our clinic was treated with adequate doses of penicillin for three weeks along with a small raise of the haloperidol dose and tics were remitted within 7 and 12 days respectively.

The two boys are closely followed (for 30 and 26 months now) by the clinic for Neuropsychiatric Disorders of our department, and in any possible strept infection, cultures are taken and they are given chemioprophylaxis with penicillin.

We are discussing the results of the prevention strategy applied.

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**POLYSOMNOGRAPHIC FINDINGS IN CHILDREN WITH TOURETTE SYNDROME**

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**Objective:** Tourette Syndrome (TS) is a neuropsychiatric disorder beginning in childhood and characterized by multiple motor and vocal tics. Polysomnographic studies of adult TS patients have revealed sleep problems in these subjects. Although up to 60% of the parents of TS patients report disturbed sleep of their children, there are no child studies on sleep quality nor on the occurrence of tics or other movements including periodic limb movements in sleep (PLMS).

**Method:** 2-night polysomnography of 13 unmedicated TS children (age 8 to 16, mean 12.2 years) without comorbid ADHD was compared with 13 age- and sex-matched healthy controls (C). Sleep analyses (Rechtschaffen & Kales) were supplemented by counting epochs with short movements ( $\leq 15$  s); statistics included group comparisons and correlations between motor activity and sleep parameters.

**Results:** Children with TS showed a deterioration in sleep quality with significantly increased sleep latency (TS: 25.2 min / C: 9.4 min;  $p<.05$ ), reduced sleep efficiency (TS: 89.3% / C: 93.0%;  $p<.05$ ) and reduced stage 2 (TS: 40.6% / C: 47.8%;  $p<.001$ ). REM sleep was increased (TS: 25.7% / C: 20.7%;  $p<.01$ ), while REM latency, slow-wave sleep and sleep stage changes were not affected. Movement time was similar in both groups, but epochs with short movements were increased in TS patients (TS: 18.2 / h SPT / C: 13.4 / h SPT;  $p<.10$ ). Further analyses showed no significant correlation between sleep quality and increased motor activity. PLMS were only seen in one TS patient (low PLMS index of 7.8 / h).

**Conclusion:** Children with TS have reduced sleep quality which seems independent from their increased motor activity.

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# MAPPING SUSCEPTIBILITY LOCI IN ATTENTION DEFICIT HYPERACTIVITY DISORDER: PREFERENTIAL TRANSMISSION OF PARENTAL ALLELES AT DAT1, DBH AND DRD5 TO AFFECTED CHILDREN

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Attention Deficit Hyperactivity Disorder (ADHD) is a common disorder of childhood characterised by inattention, excessive motor activity, impulsivity, and distractibility. It is associated with serious disability in children, adolescents and adults. The aetiology of the disorder is unknown, but it has a strong genetic component. Pharmacological and biochemical studies have suggested that dopaminergic and noradrenergic systems are involved. Using a sample of affected children and their parents we have found preferential transmission of alleles at polymorphisms at the Dopamine transporter (DAT1),  $RR = 1.2$  ( $1.05 - 1.37$ ),  $p = .006$ , re-confirming and extending our previous findings for DAT1 (new sample one-tailed  $p = 0.39$ ); Dopamine- $\beta$ -hydroxylase (DBH),  $RR = 1.31$  ( $1.09 - 1.56$ ),  $p = .0027$ ; and the Dopamine D5 receptor (DRD5),  $RR = 1.67$  ( $1.29 - 2.15$ ),  $p = .00005$ . transmission of the 'associated' alleles at DAT1 and DBH is stronger in familial cases,  $RR_{DAT1} = 1.29$  ( $1.04 - 1.59$ ),  $RR_{DBH} = 1.49$  ( $1.10 - 2.00$ ), but for DRD5, transmission is stronger in non-familial cases  $RR = 1.59$  ( $1.05 - 2.42$ ). TDT analysis of complete trios supports the HRRR analysis, with  $p < .05$ , for DAT1  $p < .005$  for DBH and  $p < .01$  for DRD5. Attributable fractions for DAT1, DBH and DRD5 are calculated at .08, .12 and .20 respectively.

## "BIOLOGICAL MARKERS" FOR MIGRAINE?

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**Objective:** Migraine prevalence in childhood increases while the age of onset decreases. Diagnosis is difficult because of high psychiatric comorbidity and subjectivity of diagnostic criteria. This study was to investigate if visual evoked potential (VEP) parameters could be useful as additional objective criteria, and to further elucidate involvement of two parallel visual pathways in migraine pathophysiology. **Methods:** Components of pattern-reversal VEPs at different spatial frequencies were compared between young adult migraineurs ( $n=26$ ) and healthy volunteers ( $n=28$ ) in the headache-free interval. **Results:** Observed differences were dependent on VEP spatial frequency. Only at high spatial frequency N2-latency was significantly prolonged in migraineurs. N2-latency at the smallest check-size was longer than 172 ms in 80.7% of migraineurs but only in 21.5% of controls ( $p<0.001$ ). **Conclusions:** Prolonged N2-latency in migraine might indicate an imbalance of two visual pathways with a relative predominance of the luminance-processing Y-system. This interictally persisting dysfunction of precortical visual processing might be relevant in migraine pathophysiology. Prolonged N2-latency at high spatial frequency may be useful as an additional objective criterion in migraine. It is currently investigated whether differences i) are specific for migraine, ii) are present in childhood migraine and iii) can be influenced by a psychotherapeutic pain group programme.

This work is supported by the Pain Research Programme, University of Heidelberg.

Oelkers R., Grosser K., Lang E., Geisslinger G., Kobal G., Brune K., Löttsch J. (1999): Visual Evoked Potentials in Migraine Patients - Alterations Depend on Pattern Spatial Frequency. *Brain*, in press.

# WHITE BLOOD CELLS, CORTISOL AND IL-1 $\beta$ RELEASE FROM PLATELETS AFTER SLEEP DEPRIVATION AND RECOVERY SLEEP IN HUMANS

P. Heiser<sup>1</sup>, B. Dickhaus<sup>2</sup>, H.W. Clement<sup>2</sup>, C. Opper<sup>2</sup>, W. Schreiber<sup>3</sup>, J. Hennig<sup>4</sup>, C. Hasse<sup>2</sup>, J. Krieg<sup>3</sup>, W. Wesemann<sup>2</sup>, H. Remschmidt<sup>1</sup>,  
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**Objective:** Up to 70 % of depressed adults have an anti-depressant response to sleep deprivation (SD). Naylor et al. (1993) found that severely depressed adolescents showed a significant decrease in depression severity after SD. In comparison to adults the effects of SD persisted after 1 night of recovery sleep. There is some evidence that there are reciprocal relationships between immune function and increased HPA axis activity in depression and alterations of these systems after antidepressant therapies.

**Method:** Total SD and recovery sleep were performed in 10 healthy male subjects (age:  $27.4 \pm 2.8$  y.). Blood samples were drawn on 3 consecutive days at 7 am, 1 pm and 7 pm. We assessed leukocyte subpopulations, salivary cortisol and IL-1 $\beta$  release from platelets after 5-HT activation and compared these data with the parameters tiredness and wake-fulness. For statistically analysis, ANOVA with repeated measurements followed by the Duncan test was used.

**Results:** SD and recovery sleep led to changes in the distribution of leukocytes, especially in a reduction of NK cells. The cortisol rhythm was not affected. The IL-1 $\beta$  release from platelets corresponded positively to the experienced tiredness.

**Conclusions:** Our findings support the assumption of alterations in the host defense system after SD and recovery sleep.

# 5-HT<sub>2A</sub> RECEPTOR, MAO-B AND SEROTONIN AFTER SLEEP DEPRIVATION AND RECOVERY SLEEP IN HUMANS

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**Objective:** Antidepressant response to sleep deprivation (SD) is seen in up to 70 % of depressed adults. Naylor et al. (1993) found that severely depressed adolescents showed a significant decrease in depression severity after SD. The effects of SD persisted however after 1 night of recovery sleep in comparison to adults. Alterations in the serotonergic system have been demonstrated in depression and vice versa in antidepressant therapies.

**Method:** We investigated 5-HT<sub>2A</sub> receptors and MAO-B in platelets, platelet density distribution and serotonin. Total SD and recovery sleep were performed in 10 healthy male subjects (age:  $27.4 \pm 2.8$  y.). Blood samples were drawn on 3 consecutive days at 7 am, 1 pm and 7 pm. ANOVA with repeated measurements followed by the Duncan test was used for statistically analysis.

**Results:** After SD, a significant increase of 5-HT<sub>2A</sub> receptor binding ( $B_{MAX}$  and  $K_D$ ) as well as of MAO-B  $K_M$  was observed, which vanished after recovery sleep. No differences were found for blood serotonin level but when compared to platelet density an increase in free serotonin could be detected after SD.

**Conclusions:** These data support the thesis that SD has an pro-serotonergic effect

**POSTER SYMPOSIUM****PS 33****TEACHING AND TRAINEE ISSUES****717 - 719****INFLUENCE OF THE EUROPEAN UNION DIRECTIVES FOR PROTECTION OF DATA PRIVACY ON CLINICAL PRACTICE AND RESEARCH IN CHILD AND ADOLESCENT PSYCHIATRY**R. Ulbrich, C. Gutenbrunner*Department of Child and Adolescent Psychiatry, University of Marburg, D 35033 Marburg, Germany*

Most European Countries have had in effect data protection laws based on human rights principles for many years. In Germany there are additional federal state laws – in Hessen the first general data protection law came into force in 1970. In 1981 the Council of Europe passed the *Convention for the Protection of Individuals with Regard to Automatic Processing of Personal Data*. Its principles are the base of most national laws. The *Directive 95/46/EC of the European Parliament and of the Council of 24 October 1995 on the protection of individuals with regard to the processing of personal data and on the free movement of such data* commits the member states to have converted the new guidelines by the end of 1998. Those directives were adapted to technical development and take up the experiences of national laws offering the opportunity to realise an adaptation with the objective of better practicability. Most countries did not yet complete the transposition, although they only intend to modify existing laws. Several amendments to the German privacy law are being considered that would better meet the special requirements of health research and public-health activities, such as use of health data for research purposes. In November 1998 Hessen has passed its new law, which is the base of data privacy for current work in the department of child and adolescent psychiatry at the University of Marburg.

**USE OF INTERNET AND INTRANET FOR CHILD AND ADOLESCENT PSYCHIATRY - DEVELOPMENT OF EXTERNAL AND INTERNAL INFORMATION SYSTEMS 718**R. Ulbrich*Department of Child and Adolescent Psychiatry, University of Marburg, D 35033 Marburg, Germany*

Using the *internet* as a heterogeneous connection between computers and local area networks for the purpose of communication between users across geographical and organisational borders has vastly grown up in the last years. Progress in computer and network technology make it useable by nearly everyone.

Applying the same technology to inhouse communication led to the term *intranet*: there is no connection to the internet or the connection is protected by a firewall.

The hardware and software available offer many possibilities to provide information, which makes it easy to establish a department specific information system on a local network.

Internet and intranet enable the providing of information on one hand and its retrieval on the other hand at moderate cost and efforts.

**717****719****Training of psychiatrists and psychologists in child-, adolescent- and family therapy**

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*Department of Child and Adolescent Psychiatry  
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In 1981 a postgraduate-training-programme in psychotherapy for children, adolescents and families was established at the Department of Child and Adolescent Psychiatry at the Philipps-University Marburg. The programme is designed primarily for psychiatrists and clinical-psychologists during postgraduate training and pediatricians in private practice. The programme is recognized by the German medical and psychological associations (Ärztetammern, Landesprüfungsämter). The training program includes a curriculum of lectures, seminars and training workshops which take place on weekends (Friday evening and Saturday) Balint-groups and self-experience-groups. The programme also includes practical work comprising psychotherapy under supervision. The approach to psychotherapy is based on psychodynamic, cognitive-behavioral and systemic considerations. The techniques used include: Play therapy, individual psychotherapy (psychodynamic and person-centered approaches), cognitive-behavioral methods, parent training and family therapy. These various methods and techniques are integrated by the „Component Model“ of psychotherapy. This component model of psychotherapy is a practical approach which combines several techniques and is based on similar principles as the generic model of psychotherapy.

**POSTER SYMPOSIUM****PS 34****INPATIENT AND DAY TREATMENT****720 - 726****Variables associated with length of stay****721**

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**Objective:** When resources of inpatient treatment are limited due to economical restrictions, it is necessary to identify variables that are important criteria of an adequate length of stay. With our study we intend to contribute to this issue.

**Methods:** Data of 1001 regularly terminated in-patient treatments of 13 child and adolescent psychiatric hospitals were subdivided by chance into an experimental sample and a validation sample. In the validation sample we compared the 113 cases with a short (1st quartile, length of stay 0 -8 weeks) vs. the 125 cases with a long treatment period (4th quartile, length of stay > 25 weeks) with respect to selected variables.

**Results:** Clear-cut differences were found with regard to crisis intervention (more frequent in the short treatment period group), degree of impairment of psychosocial adjustment, change from home to residential treatment, and psychoanalytic therapy (more frequent in the long group). Due to the small number of cases in the diagnostic subgroups there were only small differences at axis one: Adjustment disorders were more frequent in the short treatment period group, affective disorders, eating disorders and personality disorders were more frequent in the other group.

**Conclusion:** The findings show a heterogeneous set of variables indicating a high complexity of determinants of an adequate treatment period.

**720****722**

**Evaluation of inpatient treatment in child and adolescent psychiatry - The 1998-Marburg Follow-up-project**

*Mattejat, F., Quaschner, K., Hirsch, O., König, U., Remschmidt, H.  
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The Marburg 1998-Follow-up-project re-evaluated a sample of 164 consecutive inpatients of a child and adolescent psychiatric clinic 2 years after discharge. Different diagnostic parameters were used including self-report-instruments (questionnaires for the children/adolescents), telephone interviews with the mother or other important persons and questionnaires for the parents. The questionnaires were the Child Behavior Check List (CBCL), Youth Self Report (YSR), the Inventory of Life Quality in Children and Adolescents (ILC) and the Therapy Evaluation Questionnaire (TEQ). The follow-up results were compared to the therapy outcome rated by the therapist at the end of therapy (discharge) and to therapy satisfaction of inpatients and parents at the end of therapy. Selected results of this investigation are presented.

**CHILD PSYCHIATRIC INPATIENT TREATMENT AND DEINSTITUTIONALISATION IN FINLAND**

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**Objective:** The effects of the deinstitutionalisation process in psychiatric health care to the use of mental hospitals have been studied vigorously but much less attention has been devoted to the possible changes in child psychiatric treatment. Our aim was to evaluate how the use of child and adolescent psychiatric inpatient treatment was associated with deinstitutionalisation in Finland where the deinstitutionalisation process did not start until the late 1980's.

**Methods:** Data was retrieved using the national hospital discharge register of all treatment periods in psychiatric hospitals and treatment periods due to psychiatric disorders in other hospitals. Three years (1987, 1991, and 1995) were compared. The age group 1-17 years was studied in four health care districts in Northern Finland, totalling 600 000 inhabitants. Number of treatment periods was used as an outcome measure.

**Results:** Both child (<15 years) and adolescent (15-17 years) psychiatric inpatient treatment almost doubled from 1987 to 1995 when there was only a small increase in the treatment of adult patients. Over half of all inpatient treatments took place in general hospitals but the proportion of psychiatric hospitals increased markedly.

**Discussion:** Reduction of psychiatric beds in Finnish psychiatric health care did not affect the inpatient treatment of children and adolescents.

**INPATIENT FAMILY THERAPY - FIRST RESULTS OF A ONE YEAR CATAMNESIS**

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**Objective:** Family relations have been discussed to be of importance for the therapy of psychiatric disorders in children. However, inpatient family therapy units are rare and little is known about the efficacy of an inpatient family therapy. Aim of this study was to evaluate the acceptance and efficacy of a 3-weeks inpatient family therapy.

**Methods:** All families underwent a 3 to 4 weeks inpatient systemic-behavioral orientated family therapy. A structured catamnestic questionnaire was designed to interview the families one year after the therapy to evaluate the personal acceptance and efficacy. The data obtained from the families were compared to the "BADO" (basic documentation) data. This method gives helpful hints for the benefit families experience by this kind of therapy.

**Results:** To date, 20 of 100 families have been evaluated. 19/20 families described the therapy of having been helpful; however, in 9/20 families, the child«s have not significantly improved.

**Conclusions:** Families may profit from inpatient family therapy despite the possibility that the child«s symptoms have not significantly improved. The results will be discussed in detail.

**723 Development of patients in a child psychiatric day clinic. A follow-up-study.**

*Quaschner, K.; Riegels, M.; Hennighausen, K.; v.Gontard, A.; Remschmidt, H.; Department of Child and Adolescent Psychiatry University of Marburg, D-35033 Marburg, Germany*

A sample of 106 successively admitted day hospital patients was investigated at admission, discharge and at follow-up. Mean follow-up time was 3 ½ years. All 106 former patients could be investigated at follow-up.

Methods at follow-up contained a clinical interview, questionnaires and rating scales.

The results describe changes in sociodemographic and clinical status as well as the outcome and long term outcome of treatment as it was seen by clinicians, parents and patients.

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**CHILD AND ADOLESCENT PSYCHIATRIC DAY TREATMENT PROGRAMS IN EUROPEAN COUNTRIES AND THE USA: PHILOSOPHY AND SETTING CHARACTERISTICS IN STUDIES OF DAY TREATMENT**

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**Objective:** Child and Adolescent psychiatric day treatment is a viable alternative to traditional outpatient and inpatient psychiatric treatment based on both treatment and cost effectiveness. Thus more and more day treatment programs have been founded in the last two decades and function as an important part in the continuum of care.

**Methods:** Studies at the English- and German-language literature regarding philosophy and program description of European and US-American day treatment programs will be reviewed.

**Conclusions:** Programs exist in a variety of settings and offer widely differing levels of intensity and restrictiveness. Thus summarizing this literature is difficult. Mostly the English language studies describes Programs in the USA, whereas little has been published about day treatment programs in European countries.

Kiser et. al. published two surveys about 82 (Kiser et.al. 1986) and 95 (Kiser et.al. 1995) partial hospitalization programs in the USA (mostly day treatment programs).

Following his criteria (i.e. therapeutic orientation and components, length of stay, staff patterns, affiliation and management) in this presentation we will review common aspects and diversity of European and US-American day treatment settings found in studies. The necessity of such a survey for European countries as an precondition for the developing quality standards of care will be stressed.

**Family day clinic - a systemic treatment model**

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**Objective:** The Family day clinic treats children from 4 to 12 years of age with conduct, emotional and attention-deficit/hyperactivity disorders. We hypothesize that the risk factors for these disorders can be minimize and their prognosis can be improved by assisting parents to learn how to deal with their childrens symptomatology.

**Methods:** We review the 20 families with 32 children ( 25 index patients) we have treated so far and resume our short-time follow up results in relation to diagnosis of children, mothers, previous treatment, treatment results and changes in family interaction.

**Results:** Treatment satisfaction and realisation of treatment objectives are quite high. Self esteem, general mental health and competence in mothers are increased. The childs symptomatology is effectively reduced at dismissal, at four week and six month follow up.

**Conclusions:** Preliminary results suggest that risk factors can be ameliorated through treating parent and child jointly thus enhancing the parents competence to cope with their children´s symptomatology

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**VIDEO SESSIONS****VS 01 - VS 07****727 - 734****BEHAVIORAL THERAPY OF AN AUTISTIC GIRL FEEDED BY GASTROSTOMY****728**

**R. Brunod,**  
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 BP 631, 97261 Fort de France Cédex, Martinica, French West Indies*

**Objective:** To try to feed with her mouth an autistic girl aged 6 who was feeded since birth by tube. We hypothesize that this will bring an improvement in her global development.

**Methods :** Lily was born with a full incapacity of sucking and was sent to France for further investigations. No reason was found and the baby stayed in a medical nursery where she was feeded by gastrostomy till the age of six. As she grew the symptoms of a pervasive global development disorder became obvious.

**For our purpose:**

- 1.) we enroled her in behavioral program where she could cope with the feeling of the food in her mouth and in a second time to swallow it.
- 2.) we took an help from the attachment theory in focusing her relationships on a choosen nurse and soon after with her parents.
- 3.) Chimiotherapy was chlorpromazine for four months.

**Results:** Ten months after the beginning of the treatment Lily was able to eat with a spoon amidst the other children. Auto- and hetero-agressivity disappeared gradually as the contact improved.

**Conclusions:** Some swallowing disorders can be improved by behavioral therapy. A stop in one development line in an autistic child can inhibit the progress of others.

**727****729****THE FIRST TWO YEARS OF LIFE OF AUTISTIC CHILDREN**

**Muratori F, Maestro S, Cavallaro C, Casella C, Milone A**  
 IRCCS Stella Maris - INPE University of Pisa - Italy

**Objective:** The natural history of Autism (A) in the first two years of life is not jet clear. The target of this paper is to describe the development of children with A in term of presence and decline of normal competences. **Method:** We compare 15 home videos of autistic children with those of a control group. The films of the two groups have been mixed and rated by blind observers through 'Grid for the Home-video-Study of Normal Competences in Infants and Toddlers'.

**Results:** 1) The area of intesubjectivity and symbolic activity, in the sperimental group tends to increase until the 12-18 months of life and only after this age there is a decrease: the normal group viceversa keeps to grow. The area of social competences doesn't show these differences between the two groups. 2) Statistical analysis shows differences in the age 0-6 for Intersubjectivity, and in the age 6-12 and 18-24 for Symbolic Activity. The average scores of Social Competences never show a significative difference. 3) Some items discriminate the two groups: pointing comprehension and anticipation of other's aim in the first six months of life; declarative pointing during 6-12 months and during 12-18 months. **Discussion:** The primitive disturbances of A concern intesubjectivity and symbolism; the area and the items which deal with social competence don't discriminate the two groups during the first two years of life. Significative differences are present since the first six months of life in "Anticipation of others' aim" and in "Pointing comprehension". These could be the first detectable signs of A. The Social deficit could not primarily interested by pathology and develops only later in time as a secondary evolution of a primary disturbance of intersubjectivity.

**ONTOGENETIC ORIENTED PSYCHOTHERAPY OF CHILDREN AND ADOLESCENTS**

**J. Shevchenko.** Russian medical academy of advanced education, Department of child and adolescent psychiatry, psychotherapy and medical psychology, 117415 Moscow, Russia

**Objective:** To integrate different traditional, up-to-dates and original methods of psychotherapy and psychocorrection of children and adolescents in non-eclectic theoretical paradigm

**Method:** A nine-days course of intensive-expressive psychotherapy (INTEX) was applied succesfully for a period of 10 years to edult patients, children and adolescents with various psychiatric disorders including neurotic disorders, behaviour disturbances, psychosomatic disorders, family conflicts and preclinical conditions.

**Results:** Features of the technique and the application to groups of patients, parents and relatives are described. The technique corresponds to the system approach of modern psychotherapy.

**Conclusions:** INTEX method is recommended for the doctors, clinical and school psychologists, teachers-psychocorrectors and also parents having difficulties in the education of their children.

**THERAPLAY, AN INTENSIVE, ENGAGING, INTERACTIVE THERAPY FOR CHILDREN WITH ATTACHMENT PROBLEMS 730**

Lotta Lassenius-Panula and Jukka Mäkelä  
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**Introduction:** Theraplay is a therapeutic approach, developed as a way to answer to the vast amount of psychiatric distress met in the Headstart project in Chicago area. The theoretical basis is grounded in attachment theory. (First presented by Ann Jernberg in her book *Theraplay* in 1979)

In theraplay the therapist plays with the child for a series of about 15 sessions, 30 min each in an intensive, interactive, engaging way. The therapeutic play replicates the dimensions of early parent-child interaction, giving the child the sense of being someone special, interesting and fun to be with. The dimensions of the early interaction are divided into structuring, challenging, engaging, nurturing and playfulness. The parents are following the sessions through a one-way mirror together with a co-therapist and after some sessions they join the child and her therapist. The session is structured and led by the adult, first by the therapist, later by the parents, who also are encouraged to continue with the activities at home.

We have used this therapy for children (1-12 years old) with different problems: feeding and sleep disorders, conduct disorders, affective disorders, and PDD. They were chosen for this therapy because of a coexisting relationship problem.

**Results and discussion:** Our experiences so far are very positive. There is often a rapid decline in behavioral problems, not only during the therapy sessions but also reported from school and daycare units. Feed-back from the parents has been positive, due to the quick therapeutic response, but also to the fact that they are given a very active role. Follow-up sessions are arranged with decreasing frequency for about a year, and the changes seem to persist. There is still no documented comparative study on theraplay but the results so far are promising.

In this presentation we show video-tapes of two different treatments.

**VIDEO HOME TRAINING IN OUR CLINICAL PRACTICE 732**

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**Objective:** In this video session we'd like to introduce this method, a home based parent training programme based on family interaction analysis. We discuss its possible place in a clinic based child psychiatry service system.

**Methods:** During home visits short video recordings are made at everyday family situations. The basic communication skills are later assessed with parents by microanalysis of the video, according to the framework developed by Biemans.

**Results:** It's possible to compare family interaction patterns at different phases of the training programme. Besides the development of basic communication skills the programme focuses on supporting the families in everyday life, in the development of children and parents, and neighbourhood contacts.

We include in our clinical practice an evaluation (possibly through home based video recording) of family interactions. If there's a need for improving the communication between family members and parents wish to cooperate we offer video home training as an alternative to longer in-patient or out-patient treatment. Monthly evaluations with parents are helpful in reframing the learning process.

**Conclusions:** The authors emphasize the possibility to include this home based programme in child psychiatric services especially in situations where signs of disturbed family communication are present.

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**COMPUTERISED BEHAVIOURAL TREATMENT OF SPIDER PHOBIA**

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**Objective:** Specific phobias are common in childhood and, in the case of spider phobias, can be long lasting and seriously interfere with daily life. Rapid treatments have been developed for adult clients but are rarely described with children and adolescents.

**Method:** 10 children aged 8 to 16 years were comprehensively assessed by interview, questionnaire and behavioural avoidance test before and after therapy. The assessment included the Spider Phobia Questionnaire for Children. The "Spider PC" programme was used, allowing children prolonged, but graded exposure to different images of spiders ranging from cartoons to a tarantula. The treatment session lasted some 3 to 4 hours. A ten week baseline between initial assessment and treatment was followed by a 14 week follow-up.

**Results:** Scores on the Spider Phobia Questionnaire fell significantly and the gains were largely maintained. These gains were reflected in the Behavioural Avoidance Test. This appears to be an acceptable, effective and efficient treatment. A BBC-tv film illustrates its use.

**Addendum:** 80 children completed questionnaires after seeing the programme and data are presented on the relationship between aetiology, fear and anxiety.

**ANIMAL CARING IN CHILD AND ADOLESCENT MENTAL HEALTH**

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Animal caring has been used in several departments of child and adolescent psychiatry as a method to facilitate emotional bonding and as a tool for the integration of psychiatrically disturbed children and adolescents. There are programmes inside and outside psychiatric institutions. The video-session will demonstrate an integrative programme outside psychiatric institutions which has been evaluated.



**ANIMAL CARING: A DIFFERENT EXPERIENCE IN CHILDREN'S AND ADOLESCENT MENTAL HEALTH.****734**

*J. Vasez, A. M. Papiermeister, S. Calveyra, V. De Gemmis, N. Maggiore, H. Massei.*

**Hospital "Dra Carolina Tobar García".** Ramón Carrillo 315 (1275) Buenos Aires, Argentina.

This program has been working since November 1990 by an agreement between the Buenos Aires Children and Adolescent Psychiatric Hospital and the City Zoo. We wanted to create a transitional space, *outdoors*, where they can *play and learn to work as animal-keepers*, before leaving the hospital. We offer a *more integrative* place than other training programs that are made *inside* Psychiatric institutions. In the Zoo, there are no stigmas, they are learners, not patients.

**Objective:** The aim of this study was to investigate the program's effectiveness to integrate to the community children and adolescent with psychiatric disorders suffering lack of integration.

**Methods:** A population of 100 patients were evaluated, we used 3 protocols: 1°- Program Admission, 2°-Family Factors to help the integration and 3°-Children and Adolescent Integration to the Program.

**Results:** From 100 patients included in the program 14 could be capable to integrate only by themselves in the community without family support. 75% of the participants achieved to integrate like productive members of the Zoo and return to school or -the elders- began to work. In 25% the integration failed for different reasons: 1°-Severe pathology, 2°-Families could not support them 3°-Health Policies are not appropriated to integrate them as future citizens.

**Conclusions:** The Program is a helpless device. But in our social conditions, supportive families are the fundamental help to achieve the integration of their children, even they have a severe pathology. We need different clinical and social devices for this purpose.

This section contains abstracts received after completion of this volume. Fortunately they could be added and integrated in the author index and the keyword index.

The addendum includes supplements to

- Symposium SY48
- Workshop WS04
- Postersymposium PS07
- Postersymposium PS11
- Postersymposium PS20
- Postersymposium PS28
- Videosession VS08

## **SYMPOSIUM**

**735**

**SY48**

### **AUTISM: FROM RESEARCH TO PRACTICE**

**735 - 738**

#### **NEUROPATHOLOGICAL RESEARCH IN AUTISM**

*Anthony Bailey, Autism Section, MRC Child Psychiatry Unit,  
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United Kingdom.*

The neurobiological basis of autism remains the subject of much debate. There has been a protracted search for localised pathology that might underlie the distinctive developmental psychopathology, whereas the causes of mental handicap and epilepsy have been largely ignored. The identified abnormalities in the small number of postmortem studies have strongly influenced neurobiological models, particularly with respect to the role of the limbic system and the neocerebellum. The published and most recent findings will be reviewed and their significance assessed in relationship to convergent evidence for structural and functional abnormalities. The outstanding questions and the ways in which molecular genetic findings will transform postmortem studies and the interpretation of their findings will be outlined.

### INFORMATION PROCESSING DEFICITS IN AUTISM: 736 PATHOPHYSIOLOGICAL STUDIES.

*H. van Engeland, Department of Child and Adolescent Psychiatry, University Medical Centre Utrecht, P.O. Box 85500, 3508 GA Utrecht, The Netherlands.*

In the presentation we report on studies in eye movements, scanning behaviour, pre-pulse inhibition, selected attention and cognitive evaluation studies in autism. These studies have been carried out over the past decade in our Department, focusing on the main question whether autistic children suffer from a basic information processing deficit or from a deficit in processing social stimuli. High resolution ERP studies will be presented and recent results of MRI controlled ERP-studies will be reported.

### DEVELOPING PERSONALISED SUPPORT 738 PROGRAMMES IN AUTISM

*Joaquín Fuentes, Child and Adolescent Psychiatry Unit, Policlinica Gipuzkoa and GAUTENA Autistic Society, Paseo de Miramón 174, 20011 San Sebastian, Spain.*

The presentation will outline the challenges involved in developing individualised support programmes for persons with autism and their families, and propose a model of quality driven, community based spectrum of services. The application of this model in GAUTENA, a regional programme in Northern Spain supporting persons with autism and other developmental disabilities, will be reviewed. Emphasis will be given to the need for individualised assessment, joint collaboration with consumers and agencies, professional accountability and to the newer concepts of having quality of life as the guiding principle in designing individual programmes and community services for persons with autism.

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### IS IT POSSIBLE TO DETECT AUTISM AT AGE 14 MONTHS IN THE GENERAL POPULATION ?

*Jan K. Buitelaar; S.H.N. Willemsen-Swinkels; E. van Daalen; C. Dietz; F. Naber and H. van Engeland, Department of Child Psychiatry, University Medical Center Utrecht, The Netherlands.*

**Objective:** Children with suspected autism are rarely referred to specialist centers much before 3 years old. For both clinical and research reasons it is important to detect children with typical autism and with the broader phenotype of autism spectrum disorders at an age as early as possible. This study reports on the development of a screening instrument at age 14 months and on pilot data of the screening of children in the general population.

**Methods:** We developed a 16-item version of the ESA (Early Screening for Autism). This version was pilot tested in a population of over 500 normally developing children in the age range of 8 - 18 months (about 40 children for each age group). Further, we asked parents of children with autistic disorder (N=114), with ADHD (N=62) and with developmental language disorders (N=34) to complete the ESA retrospectively with reference to their child at the age of 14 months. The test-retest reliability was nearly perfect with a Pearson correlation of .90.

**Results:** Using signal detection analyses the misclassification (cutoff set at 3 negative out of the first 8 items) was 5% for children with autism, 42% for developmental language disorders, 23% for ADHD and 0% for normal children (sensitivity 95%, specificity 68%). Screening prospectively 415 children of 14 months in the general population, 7 children (1.7%) were screen positive using the first four items and 4 children remained screen-positive at a rescreen using the complete ESA. The probable clinical diagnoses were moderate mental retardation (2), autistic disorder and mild mental retardation, and developmental language disorder.

**Conclusion:** The results seem promising and the ESA will be used in a population screening of 30,000 children at 14 months in the general population.

**WORKSHOP****WS 04****739 - 740****FROM "POGROMS" TO "ETHNIC CLEANSING": MEETING THE NEEDS OF WAR AFFECTED CHILDREN 740***William Yule, University of London, Institute of Psychiatry, United Kingdom*

In modern warfare, civilians are deliberately targeted and so women and children are the predominant casualties of war. The past decade has added greatly to our understanding of the range and severity of stress reactions, anxiety, depression and grief reactions shown by children and adolescents who have been the victims of war. We are gradually developing ever more effective interventions, often needed on a very large scale. Such interventions have usually to be delivered by people who are not front line child mental health workers and require special, but rapid, training.

Some critics have raised the old anti-psychiatry, deconstructionist arguments that in employing what they erroneously term "western" classificatory systems one is in danger of ignoring cultural differences in how trauma is expressed. However, they coyly shy away from providing evidence of either alternative classifications or of alternative interventions.

This paper presents data from our studies in Bosnia and illustrates some of the recent progress in both assessment of needs and delivery of services.

**739****CHILD DEVELOPMENT-COMMUNITY POLICING PROGRAM: A NEW MODEL FOR INTEGRATION OF MENTAL HEALTH AND CRIMINAL JUSTICE FOR CHILDREN AND FAMILIES.***Donald J. Cohen, MD, Steven Marans, Ph.D. and Jean Adnopoz, MPH. Yale Child Study Center, New Haven, CT, USA*

Children and adolescents who are at high risk for truancy and delinquency are often known to many different agencies within a community. These include schools, child welfare agencies, mental health programs, the police, and the criminal justice system. However, there are often barriers to integration and focusing of resources. Also, it is now well known that there is a pathway from witnessing and experiencing violence to becoming a perpetrator, especially for children from multi-problem families and communities. During the past decade, we have evolved a new approach to partnerships between mental health professionals and police that aims at prevention of violence and early intervention for children who are making their first contact with the criminal justice system. The Child Development-Community Policing (CDCP) model brings the child mental health system (child psychologists, psychiatrists, and social workers) into partnership with police leadership and community-based police officers. This network also includes schools and probation, as well as programs focusing on domestic violence. The CD-CP orientation has achieved national recognition in the United States and is supported and replicated nationally by the Department of Justice; there are also international replications underway. The CD-CP brings mental health professionals into the community, working alongside of police at scenes of violence and trauma rather than waiting in their clinics; it brings police into clinical settings, as collaborators with mental health workers. Each discipline recognizes the professional knowledge and roles of the other. This re-focused intervention of police towards prevention and creation of socially facilitating environments for children and families, and allows mental health professionals to offer their knowledge to full communities. The CD-CP philosophy is a major re-orientation of the roles and relationships between mental health and police on behalf of children at risk and already involved with the criminal justice system.

**POSTER SYMPOSIUM**

PS 07

**PERVASIVE DEVELOPMENTAL DISORDERS I**

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**POSTER SYMPOSIUM**

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**EATING DISORDERS I**

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**NOCTURNAL URINE MELATONIN PROFILE IN AUTISM**

Sylvie Tordjman, Nadège Pichard, Henriette Charbuy, Karine Lambert, Manuel Bouvard, Nadia Chabane, Fernando Perez-Diaz, George Anderson, Yvan Touitou.

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**Objective:** Clinical observations in autism suggest that there are alterations in circadian measures of sleep-wake rhythm and dysregulation in neuroendocrine functions, possibly in the pineal gland. In addition, melatonin is of special interest in autism given the well-replicated platetet hyperserotoninemia of autism and the important roles of serotonin in neurodevelopment. In this study, pineal gland function was examined by radioimmunoassay in children with autism.

**Method:** This study was carried out on large groups of autistic (N=55) and normal control (N=90) individuals matched on age, sex, and stage of puberty. The autistic subjects underwent a complete behavioral assessment which included clinical ratings of sleep-wake activity, as well as behavioral and intelligence scales such as the ADOS (Autism Diagnostic Observation Schedule), ADI (Autism Diagnostic Interview) and K-ABC scales.

**Results and discussion:** Urine melatonin levels (ng/mg creat) were significantly lower in patients with autism than in normal controls ( $t=4.51$ ,  $df=121$ ,  $p=0.0001$ ). The results and implications will be discussed. Supported by the INSERM (C.R.E. n°931009 and contrat ERCA)

**PREVENTION OF EATING DISORDERS IN SCHOOLS: STUDY DESIGN AND RESULTS**

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In order to study the eating behaviour of German pupils and with the aim of primary prevention of eating disorders we have developed a structured prevention programme which is supported by the Bavarian Ministry of Health. The study is based upon a repeated measures design with a control group and 3 points of measurement (pre-test, post-test and follow-up). The project was carried out in several grammar-schools in Munich and its surrounding administrative district. 800 pupils (mean age 10.8 years) from 32 classes are taking part, 400 in the experimental and 400 in the control group. Preliminary results show that 51% of the girls and 34% of the boys would ever have wanted to be thinner and 38% of the girls and 28% of the boys have ever tried to lose weight.

Further results will be presented.

**POSTER SYMPOSIUM****PS 20****EATING DISORDERS II****744****FAMILY FUNCTIONING IN EATING DISORDERS****744**

*Anne-Marie Dumont, Catherine Zittoun, Martine Flament, Christian Liegme, Pierre Ferrari, Philippe Jeammet, Sylvie Tordjman*  
*Service de psychiatrie infanto-juvénile de Paris, France; Laboratoire de Psychopathologie, Université Paris VII, France; Institut Mutualiste Montsouris, Paris, France; Fondation Vallée, Université Paris XI, France; Institut de Psychiatrie, Genève, Suisse.*

**Objective:** To test the link between anorexia nervosa or bulimia nervosa and particularities in family functioning.

**Method:** The FACES-III scale was used to assess the family cohesion and adaptability dimensions when comparing the family functioning of 37 bulimics, 41 anorexics and 76 control females living in Paris, France.

**Results:** Families of bulimic and anorexic patients, analysed separately, showed significantly lower levels of adaptability to situational stress than families of controls. Families of bulimics showed lower levels of cohesion than control- subjects families. Family functioning was more problematic (especially with extreme levels of cohesion) in families of vomiting bulimics or vomiting anorexics than in families of non-vomiting bulimics or non-vomiting anorexics.

**Discussion:** These data, while requiring replication in larger samples, suggest a relationship between eating disorders and family functioning. Furthermore, vomiting appeared to be an important variable. It might be necessary to distinguish among eating disorders clinical subgroups based on vomiting and to better understand the functions of this behavior.

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**A DAY HOSPITAL TREATMENT PROGRAMME FOR EATING DISORDERS: CONCEPT AND OUTCOME**

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*Therapy-Center for Eating Disorders, Max-Planck-Institute of Psychiatry, Munich, Germany*

A day hospital treatment for eating disorders bears the advantage of encouraging the responsibility and autonomy of the patients while offering an intensive therapeutic programme. We provide a 4-phase treatment programme which consists of an outpatient motivation phase ( 4 weeks), the 4 month day hospital phase, an outpatient phase (4-12 months) and finally, a separation phase (4 weeks). During the day hospital treatment, patients attend the clinic 7 days a week from 8 a.m. to 5 p.m. Psychotherapeutic methods include cognitive-behavioural, psychoeducational and interpersonal interventions which are structured by a fixed timetable. Therapy is only conducted in a group setting, patients with anorexia nervosa and bulimia nervosa are treated together. A multi-disciplinary team approach is used. In order to provide additional support in the treatment, therapeutic accommodation groups for 30 patients were established near by the TCE. Professional care for the tenants is provided by a clinical psychologist, a social worker and a diatitian.

First results of a follow-up study will be presented.

**POSTER SYMPOSIUM****PS 28****ABUSE AND NEGLECT****745 - 746****METHODOLOGICAL APPROACH AND PROCEDURES IN THE CASE OF SEXUAL ABUSE: THE EXPERIENCE OF THE TELEFONO AZZURRO 746***E. Caffo, G. Camerini, M.G. Scribano  
Telefono Azzurro, Italy*

**Objective:** The scope of this paper is to illustrate the operative model adopted by the Telefono Azzurro in handling cases of presumed sexual abuse of minors. This type of situation is relatively frequent and requires a specific approach and operating method.

**Methods:** The study consists of:

- 1) the collection and analysis of data relating to consulting services dispensed in the event of presumed sexual abuse of minors;
- 2) qualitative study of psychological and pedagogical telephone assistance given in the event of sexual abuse and during follow-up operations to identify the stages of consultation work.

**Results:** From an analysis of data of consultation services relating to cases of sexual abuse of minors, the following findings emerged:

- in the period 1996-1997, 602 cases of of 2,270 were of sexual abuse;
- 76% of the cases related to female victims;
- the most commonly represented age category was that of 6-10 years;
- cases of sexual abuse were reported by non-related persons (45.3%), close family members (40%) or other relatives (14%).

The consulting service was found to be articulated into the following stages: reception and analysis of the request, description of the problem, reformulation of the problem and joint search for a solution, final conclusions and agreement for follow-up contact with the caller.

**Conclusion:** An analysis of the data and the services revealed an operative model that the Telefono Azzurro has identified and implements when handling situations of presumed sexual abuse.

**745****VIDEO SESSION****747****THE TELEFONO AZZURRO AND ADOLESCENT VICTIMS OF ABUSE: CONSULTATION SERVICES AND INTERVENTION PROCEDURES***E. Caffo, M.E. Biagini, M.G. Scribano  
Telefono Azzurro, Italy*

**Objective:** The scope of this paper is to illustrate the approach taken by the Telefono Azzurro towards adolescents (minors between 15 and 18 years of age) using the telephone service to report cases of physical abuse.

**Methods:** The study is based on the collection and discussion of data relating to psychological assistance given to adolescents and follow-up reports made to territorial institutions in 1998.

Attention is firstly focussed on the type of adolescents who turn the operators of the Telefono Azzurro, on the cases reported, and finally on their requests.

Secondly, a presentation is made of the intervention procedures adopted by the service in the various stages of contact with the adolescents, the type of serviced activated and forms of co-operation with them, then later follow-up services.

**Results:** From an analysis of data of consultation services relating to important cases (sexual abuse, physical abuse, eating disorders, etc.) and carried out throughout 1998, the following findings emerged:

- 1) The majority of users turning to the service are girls (82.6% as against 17.3% boys);
- 2) the origin of calls were distributed as follows: north: 40.5%, centre: 34.7%, south and islands: 24.6%;
- 3) approx. 50% of calls concerned a consultation requiring at least one contact (report or update) with a territorial body;
- 4) the main problems reported by adolescents calling the Telefono Azzurro were physical abuse (40.5%), difficult relations with parents (17.3%), reports of other situations concerning peers, friends or relatives (14.4%), sexual abuse (13%), eating problems (5.7%), psychological disturbances (4.3%), other (4.3%).

**Conclusions:** The Telefono Azzurro wishes to present an operative model for initial handling of cases involving adolescents in presumed situations of abuse.

**VS 08****747****ANOREXIA NERVOSA AND BULIMIA NERVOSA: MODEL OF THERAPY***M. Gerlinghoff, H. Backmund, Therapy-Center for Eating Disorders, Max-Planck-Institute of Psychiatry, Munich, Germany*

The videotape demonstrates the treatment programme of the Therapy Center for Eating Disorders at the Max-Planck-Institute for Psychiatry in Munich. The day hospital treatment runs over a period of four months and is part of a four-phase therapy programme. It is cognitive-behaviourally oriented and realized in a group setting. The videotape gives an impression of the therapeutic elements of the programme.